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If not you, then who? : an historical perspective on the effectiveness of school-related programs in the prevention of teen pregnancy

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To the Graduate Council:

I am submitting herewith a dissertation written by Linda Ingram Shoemaker entitled "If not you, then who? : an historical perspective on the effectiveness of school-related programs in the prevention of teen pregnancy." I have examined the final electronic copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in Education.

Thomas N. Turner, Major Professor

We have read this dissertation and recommend its acceptance:

Lester Knight, Bruce Wheeler, George Harris Jr.

Accepted for the Council:

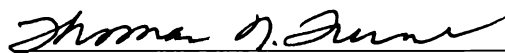
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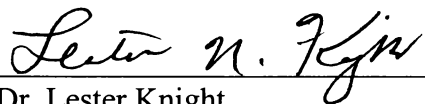
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Dr. Thomas N. Turner, Major Professor

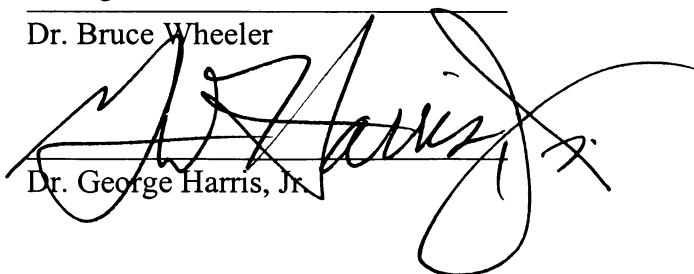
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Dr. Lester Knight

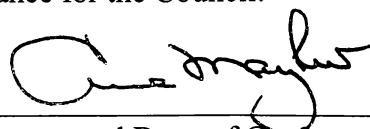


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IF NOT YOU, THEN WHO?
AN HISTORICAL PERSPECTIVE ON THE EFFECTIVENESS
OF SCHOOL-RELATED PROGRAMS
IN THE PREVENTION OF TEEN PREGNANCY

A Dissertation
Presented for the
Doctor of Philosophy
Degree
The University of Tennessee, Knoxville

Linda Ingram Shoemaker

May 2002

DEDICATION

Thesis
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.S56

This research is dedicated to America's teens. They deserve and need our help in understanding sexuality, pregnancy prevention, and avoiding sexually transmitted diseases. Regardless of how many programs the experts advise, or how many rules adults agree to enforce, it is still up to teenagers themselves to decide who they are, what they want to be, and whether they will cooperate with the adult world to get there. The choices are - and have always been - theirs. The most that schools can do is see to it that teenagers have good choices to make and real opportunities to gain useful experience. It is my hope that schools, nationwide, will continue to offer sex education for our youth.

ACKNOWLEDGEMENTS

I wish to recognize the patient attentiveness and warm enthusiasm of my Charirman and mentor, Dr. Thomas N. Turner. His prolific writing and creativity has served as both stimulus and guide to me in my own study. Others of my committee, who also expressed a lively interest in my research, were Dr. Lester Knight, Dr. George Harris, Jr., and Dr. Bruce Wheeler. I am thankful to each one for generously sharing his knowledge and expertise.

I especially want to acknowledge my husband, Bob, who put up with my moods, cleaned the house, brought in a lot of fast food, and was there when I needed him. More importantly, he encouraged me when I was discouraged, set me on track when I got off course and, as an especially nice bonus . . . he remains my best friend.

ABSTRACT

This study examined school-related programs developed to prevent teen pregnancy over a fifty year period from 1950 to 2000.

The first programs to reduce unprotected intercourse were implemented in U.S. schools in the early 1900's. Since that time, few attempts have been made to evaluate program effectiveness. This has created serious limitations in the efforts of schools to reduce unwanted teen pregnancies. While there exists an extensive body of research and literature that describes efforts aimed at the teen who faces an unintended pregnancy, the more general field of teen pregnancy prevention has not been explored as extensively.

This study traces the evolution of school-related efforts to prevent teen pregnancy over five decades. The study focuses on K-12 public school programs in the United States from 1950-2000. Three criteria were used to limit the programs to be reviewed: (1) interventions had to be implemented in schools, (2) the research had to have been published or accepted for publication in a peer-reviewed journal, and (3) the research had to measure reported sexual or contraceptive behaviors or their outcomes which included pregnancy rates, birth rates, or STD rates.

The findings revealed that, until recently, most school-related efforts have been ineffective in reducing teen pregnancy. This was due to weak evaluation methods or lack of evaluation all together. Published reports in the 1990s, however, revealed that both programs and evaluation methods have improved considerably over the last decade. As a result, there is now evidence that a few school-related programs can reduce risk-taking sexual activities among our nation's youth. Through early intervention, shared

components of effective programs, and support outside the boundaries of educational institutions, America's schools can be effective in their attempts to reduce teen pregnancy. Subsequently, these programs can provide useful advice for existing programs as well as counsel for new initiatives.

This study also presented an informal personal perspective on the problem of teen pregnancy. The perspective covered the same five decades and was treated as an opportunity for a veteran educator to reflect on her past experiences with teen pregnancy, both personally and professionally. With the help of others, she was able to create her own voice on teen pregnancy prevention and the role of schools. While this type of approach cannot explain everything, it does offer advantages that other explanations cannot.

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CHAPTER I: INTRODUCTION TO THE STUDY

INTRODUCTION

The problems associated with sexual activity in early adolescence including teen pregnancy, abortion, and teen childbearing has continued to plague Americans. Buck (1994) stated that as many as one million teens become pregnant each year. Of that number, approximately 400,000 have abortions; and nearly half a million give birth. Investigators such as Britton and Proctor (1986), Carey (1989), and Moore (1995) have found that the increasing incidence of pregnancies among young, unmarried teens is one of the most difficult and far-reaching social problems our nation faces. Contrary to common perception, teen pregnancy cuts across all cultural, ethnic, and socioeconomic groups and is not unique to the disadvantaged or minority youth.

As a social phenomenon, teen pregnancy consumes fiscal and human resources and can result in the loss of valuable human potential. The National Campaign to Prevent Teen Pregnancy reports that teen pregnancies cost Americans \$6.9 billion each year in lost taxes, public-assistance dollars and criminal justice costs. In addition, teen pregnancy is a major factor affecting increases in poverty, unemployment, infant mortality, child abuse, and juvenile delinquency. Because of these concerns, several types of prevention programs have been initiated throughout the United States. These have included programs that support deferring sexual activity, programs that maximize adolescents' abilities to make responsible decisions about sexual activity in the context of

their lives, and programs that facilitate sexually active teens' access to contraceptive services.

STATEMENT OF THE PROBLEM

There are serious limitations in the research on teen pregnancy prevention programs and little is known with much certainty. While there exists an extensive body of research and literature that describes efforts aimed at the teen that faces an unintended pregnancy, the more general field of teen pregnancy prevention has not been explored as extensively. One reason for this lack of research is the wide array of settings in which an intervention can take place. A second reason is that until recently there have been few attempts to carefully evaluate pregnancy prevention efforts. Few state assessments of programs adequately measure their effect on teen pregnancy, and too few programs have been systematically evaluated. Consequently, there is little understanding or consensus about which programs are most effective. Additionally, there is considerable debate as to whether it is the specific program itself or other factors that are responsible for students' successful outcomes. From federal efforts to those of states, communities, and private foundations, key questions remain. Are school-related programs effective in reducing teen pregnancy? If so, how? If not, why not, and how can we make them better?

In an attempt to answer these questions, historical research was used. The use of the historical approach to explore and analyze school efforts in reducing teen pregnancy contributed to a dynamic, yet bounded focus on the issue of teen pregnancy prevention.

PURPOSE OF THE STUDY

The purpose of this study was to determine through historical research, which school-related programs have been successful in reducing teen pregnancy and identify commonalities within these programs that have contributed to the program's effectiveness. Specifically, this study was limited to programs developed for grades K-12 which were reported in professional journals, books and dissertations, or were offered by national agencies between 1950 and 2000.

RESEARCH QUESTIONS

The overarching question guiding this study was: Is there a critical element that explains a successful school-related pregnancy prevention program's effectiveness? The following sub-questions were used to provide a more comprehensive focus on the overarching question:

Have school-related programs existed that have been successful in maximizing the teens ability to be responsible decision makers about sexual activity such as abstaining from sex. Have school-related programs been successful in maximizing teens' ability to be responsible decision makers about using contraception if sexually active?

NEED FOR THE STUDY

Sex education has always taken place in America but not always in schools. In the 1800's, it took place in the homes, churches, or through interaction with peers. As our cultures changed, the responsibilities of education and educators changed. By the turn of the century, some Americans viewed sex education as one part of the solution to

many problems affecting society. These concerns led to the involvement of government and schools in the process of sex education. Controversy began immediately over what would be taught, when, where, and how it would be taught.

The intent of this study was to contribute to the paucity of research regarding effective school-related teen pregnancy prevention programs. The limited amount of research, local and national criticism of teen pregnancy prevention programs, and widely accepted beliefs that teacher educators should not involve themselves with pregnancy prevention, provided the impetus for this investigation.

Beginning in kindergarten, teachers need to know which programs are effective and what constitutes their effectiveness. In an attempt to fill this need, this researcher sought to uncover elements most frequently included in effective programs so that K-12 teachers can develop a scope and sequence that is representative of a successful program. If this study can identify age appropriate curricula and commonalities in effective programs, it could provide useful advice and counsel to fledgling existing programs as well as those not yet developed.

The outcomes of this study should, hopefully, contribute to a better understanding, of the needs and practices of effective school-related pregnancy prevention programs among researchers, educators, and teens. Thus, teachers will be able to help reduce the number of unwanted teen pregnancies.

DEFINITION OF TERMS

Certain terms were used with specific meanings in this study. These terms are defined below. None of these definitions was derived from any single source. Each is, rather, a composite, constructed from apparent consensus of the literature.

Adolescent/Teen. Youth between the ages of 13 and 18.

Pregnancy. An individual girl's state of being pregnant, whether the outcome of conception was a live birth, a miscarriage, or an abortion. The occurrence of pregnancy was used to refer to unwed teens.

Prenatal. Occurring, existing, or performed before birth.

Menarche. The time of life when females become fertile.

Spermarche. The time of life when males become fertile.

STD's. Sexually transmitted diseases.

HIV/AIDS Any of several retroviruses that infect and destroy helper T cells causing the great reduction in their numbers diagnostic of AIDS.

Sexuality education. The lifelong process of building a strong foundation for sexual health. Sexuality education takes place on a daily basis in homes, schools, faith-based institutions, and through the media. It addresses the biological, sociocultural, psychological, and spiritual dimensions of sexuality from the cognitive domain (information); the affective domain (feeling, values, and attitudes); and the behavioral domain (communication and decision-making skills).

Comprehensive Sexuality Education. Programs that begin in kindergarten and continue through twelfth grade. These programs include information on a broad set of topics related to sexuality and provide students with opportunities for developing skills as

well as learning factual information. For example, STD/HIV information would be made available to students (SIECUS, 1997)

Abstinence-only programs. An approach that has been used by many schools and communities since the 1990's with its main focus on abstaining from sex until marriage. Proponents of the abstinence-only approach give two primary reasons for the correctness of their approach: first, it is immoral to have sex outside marriage; second, abstinence is the most effective way to prevent both pregnancy and STD's. Abstinence-only programs are very diverse and defined by just one common quality. That quality is the emphasis on abstinence as the only appropriate choice for young people. Thus, some abstinence-only programs are curriculum-based courses, whereas others are components of much broader youth-development programs. Some last for 15 to 20 sessions, while others are only 1 or 2 sessions. Some emphasize that it is immoral to have sex before marriage, and others encourage youth to postpone sex until a later age. Some are religious and begin with a prayer for God's guidance, and others are far more secular. Some rely primarily on didactic instruction, whereas others engage the participants in group activities and use role-playing and other active-learning strategies to change group norms and to teach assertiveness skills. In other words, abstinence-only programs are a heterogeneous group of programs.

Abstinence-Plus Programs. Abstinence-plus programs include a wide variety of programs, including sexuality education or AIDS education taught during regular school classes, on school campuses after school, or in homeless shelters and detention centers for high-risk youth. Abstinence-plus programs reflect the considerable creativity and diversity of the agencies implementing them.

HIV/AIDS Prevention Programs. Programs aimed at the general youth population and stress the importance of abstaining from sex or using STD protection (a condom) when having sex. Other STD/HIV/AIDS prevention programs are designed for high-risk sexually active populations of youths such as drug-abusing youths, and incarcerated teens. These programs focus on safer sex teaching teens how to assess the risks of their sex-related behaviors and then lower such risk levels.

Community-wide initiatives. Collaborative programs among schools, community groups, and family planning clinics are established to coordinate these three efforts.

Youth development programs. Programs that include components that go beyond teaching abstinence or contraception (e.g., academic remediation, school-to-work training), and have goals that goes beyond preventing teen pregnancy (e.g., increasing rates of graduation from high school, enhancing post-graduation employment opportunities). The relationship of these programs to teen pregnancy arises from the belief that the best contraception is a bright future.

Teen sexuality programs. Programs that are attempted by several schools and communities where the objective is to refocus the issue of teen pregnancy away from the prevailing problem or disease model of teen sexuality and pregnancy to the more positive challenge of how a nation teaches its children what healthy and responsible sex means in the adolescent years.

School-based and School-linked Programs. Programs in which the primary focus of intervention is the school campus, with the school system taking primary responsibility for program development and implementation. These types of programs include some interventions in which referrals are made beyond the school campus for help in the

community, but the primary program and focus of intervention remains on the school campus (Edwards, Steinman, Arnold, & Hakanson, 1980) or is an off-campus site linked to a school setting. Some programs are operated conjointly between community-based programs and schools, and in most states, it is common for a school health service or a school-linked clinic to be viewed as a conjoint program between community and school (Schlitt, Rickett, Montgomery, & Lear, 1994). Kirby et al. (1994) provided a similar, even more specific, scheme for understanding school-based interventions. These programs are divided by three descriptive criteria:

1. Abstinence programs that do not discuss contraception.
2. Sexuality or AIDS education programs that may include discussions of abstinence and contraceptive use.
3. Comprehensive programs that include educational although this conceptual organization applies only to school-based programs, the framework can also be used to organize other types of pregnancy prevention programs.

Effective School-Related Programs. Programs that bring about one or more of the following results:

- * delaying initiation of sexual intercourse
- * decreasing the frequency of unprotected intercourse
- * increasing condom use

ASSUMPTIONS

This researcher made several assumptions in the course of this study. These included the following:

1. The elements of an effective program will exist in professional journals, books, dissertations, and information provided by national agencies.
2. The essential nature of these programs and their degree of success can be adequately and accurately determined based on the written record.
3. The researcher can remain open to the meaning of the information without bringing bias to the research process.

LIMITATIONS AND DELIMITATIONS OF THE STUDY

The following limitations and delimitations are recognized:

1. The study was limited to what the written records show.
2. The study was limited to school programs developed for grades K-12.
3. The study was limited to three types of teen pregnancy prevention programs.
4. The study was confined to five decades: 1950's - 1990's.
5. The study was limited to teen pregnancy prevention programs. Therefore, the study excluded programs for pregnant teens.
6. The study was limited to the sources of information chosen which included professional journals, books and dissertations, and information from national agencies.
7. The study investigated the complex system within which teen pregnancy exists. Therefore, value-laden and biased interpretation was possible throughout the study. Every attempt was made to avoid these types of interpretations during the research process.
8. The study was limited to unwed female adolescents.
9. The study was limited to unwanted pregnancies.

10. This researcher brought her personal perspective into the study. Her mind-set was conditioned by teen pregnancy in her own family, her circle of friends, and thirty years of experience working with teens, many of whom have faced unwanted pregnancies.

ORGANIZATION OF THE STUDY

This research study is organized and presented in eight chapters. Chapter I introduces and describes the study. Included in Chapter I is the introduction of the problem, the statement of the problem, needs for the study, limitations of the study, definitions of terms, procedures of the study and the organization of the study. Chapter II describes the procedures for the study. Also included in Chapter II is the rationale for using an historical approach, the role of the researcher, data collection, analysis procedures, and presentation of findings. Each of the succeeding chapters beginning with Chapter III through Chapter VII deals with a different decade, starting with the 1950's and ending with the 1990's. These chapters present a broad overview of each decade and describe factors that relate to teen pregnancy, societal attitudes on teen pregnancy, options for pregnant teens, sex education, and school-related attempts to reduce the number of unwanted pregnancies.

Chapter VIII is an analysis of the data. The analysis is presented according to the organizational format of the literature review. Therefore, the description of the analysis is presented under sub-headings, which correspond with the five decades of the literature review.

Chapter VIII includes the presentation of the findings, conclusions, and recommendations. The findings are presented as an overview of the five categories

described in the analysis of the data and originate from the literature review. In addition, there are two sections that represent a summary of efforts in evaluating school-related programs to prevent teen pregnancy. These summaries are provided at the end of the 80's decade and the end of the 90's decade. The conclusions and recommendations of the study reflect the problem statements in the first section of Chapter I.

CHAPTER II: PROCEDURE

RATIONALE FOR HISTORICAL APPROACH

The purpose of this study was to identify school-related programs, grades K-12, that help adolescents avoid unwanted pregnancies. One way to accomplish this was to trace the history of teen pregnancy, factors that encourage it as well as attempts to reduce it, and objectively evaluate the data. This collection and evaluation of past occurrences was conducted in an effort to explain present events and hopefully anticipate future events. This study was conducted in two phases. Phase One presented decade literature surrounding teen pregnancy from the 1950's through the 1990's. This phase attempted to recast the problems of teen pregnancy and childbirth in an effort to better understand barriers that have inhibited cooperative relationships among parents, students, schools, and communities in reducing teen pregnancy. In addition, it was conducted in order for the researcher to examine the complexity of unplanned teen pregnancy and the fundamental societal benefits of reducing its presence in the future. Phase Two presented literature surrounding teen pregnancy prevention programs that have succeeded in reducing teen pregnancy during that period in which they existed and for the population they attempted to serve. Factors such as abstinence education, contraceptive services, classes in responsible sexual decision-making, and instruction about physical and emotional aspects of sexual growth and development were investigated. This phase dealt with the issues confronting attempts of teen pregnancy prevention programs that had to be dealt with by those involved.

ROLE OF THE RESEARCHER

This researcher's role was one of inquirer. The role was to explore and describe teen pregnancy through historical study across five decades. The researcher attempted to provide a longitudinal perspective of fundamental societal beliefs and the evolution of social mores and behaviors. Within this process, potential existed for a more holistic picture to emerge from the research for “One can discern meaning or make generalizations only with the help of a knowledgeable informant, a historical figure who has been in a position to gather reliable information” (Tuchman, 1994, p.311).

DATA COLLECTION

The intent of this study was to examine school-related programs that could help reduce unwanted teen pregnancies. Therefore, the primary method of data collection was the exploration of the written word. Three criteria were used to select the programs to be reviewed. First, the interventions had to be implemented in schools. The reason for this was because nearly 95 percent of America's youth regularly attend schools. Moreover, virtually all youths attend school before they initiate sexual risk-taking behaviors, and are enrolled in school when they initiate intercourse. Thus, many people perceive schools as one public institution with a broad opportunity and responsibility for addressing and reducing sexual risk-taking behaviors.

Second, the research must have been published, or accepted for publication, in a peer-reviewed journal. During the last decade there have been published claiming that specific programs dramatically decreased, or increased, pregnancy or birth rates. When these reports were subsequently investigated, they often lacked valid empirical evidence.

Thus, restricting this study to peer-reviewed articles helped provide a minimal level of research quality.

Third, the research must have measured reported sexual or contraceptive behaviors or their outcomes (that is, pregnancy rates, birth rates, or STD rates).

It was important for the researcher to step back intermittently and to question the data, regard findings as provisional, and finally, to follow research procedures of alternating between collection and analysis of the data. Throughout the study, the data became fluid and contributed to the massive description of school-related teen pregnancy prevention.

ANALYSIS PROCEDURES

The goal of this study was to identify as many of the elements, trends, and patterns related to successful school-related programs in preventing teen pregnancy as possible. This researcher remained opened, however, to possibilities of contrary or alternative explanations of the findings. Several authors describe this type of analysis as eclectic . . . “there is no one right way” (Creswell, 1994; Patton, 1990; Spradley, 1980; Tesch, 1990). The overarching question and sub-questions presented in Chapter I were used as a framework for presentation of data and analysis of the findings. The goal was to find commonalities among programs that the data revealed. These findings offered the opportunity to reconstruct the experience of teen pregnancy from revisiting the whole.

PRESENTATION OF FINDINGS

The findings in this study are based upon an analysis of the data reported in the five decades of the literature review. The report of those findings are organized according to the questions described in the problem statement.

CHAPTER III: AMERICA IN THE 1950'S

INTRODUCTION

Chapter I provided the purpose of this study, which was to identify school-related programs that have been successful in reducing teen pregnancy. In Chapter II, the researcher discussed the procedures that were used to explore these programs. Beginning with chapter III, decade literature surrounding teen pregnancy is introduced. Chapter III deals specifically with the 1950's.

SPIRIT OF THE DECADE

The 50's were not just the 50's. They were the last of the 40's and the first of the 60's. This 16-year span, from 1947 to 1964, was unique in its novelty and contradictions. Despite the "let's-all-pull-together" attitude of the wartime forties, the decade was highly divided on the matters of race, sex, and ethnicity. Indeed, if you did not conform to the prevailing model, that is, if you were not a Protestant male, and especially if you were not white, you could expect discrimination, both blatant and subtle, to affect your everyday life. You could also expect to find almost no remedies in the courts for this discrimination, both blatant and subtle since civil rights movements were still in their infancy.

It is characteristic of this paradoxical decade that where the greatest injustices existed - in jobs, housing, and wages - there were also examples of the attempts to conform to the prevailing attitudes rather than stand up and fight for equality. For

example, few women publicly questioned the fairness of being ordered to leave their factory jobs when the war ended so that returning men could take their places.

Another social upheaval caused directly by the war was the great migration of rural southern blacks to northern cities, looking for work in war factories. This migration was four times the rate of black southern-to-northern migration of the thirties. The rapid influx of millions of African-Americans into the largest northern cities, just as many white Americans were starting to move out of the cities for the suburbs, is one of the most significant changes of the forties.

Thus, the African-American community began, in a significant way, to move from its unskilled base in rural, small towns, to making up a very large proportion of major northern urban populations. With African-Americans no longer limited to one region of the country, the South, their rights to have access to justice, education, work, and the rest, could not be ignored. The civil rights movement was no longer seen as a small, regional problem, but rather a fundamental question for the whole of America.

Thus it was, while the power that sprang from America's involvement in World War II seemed unquenchable during the forties, it was not a particularly optimistic time in American history. The doubts and fears caused by the war itself, and the social upheavals that came with it, combined with the nuclear bomb and the resulting Cold War, cast a defining chill on the next five decades of America's history.

It was during the 1950's that the youth market was first produced, and then institutionalized into the youth culture. It was through such television shows as "Howdy Doody" and "The Disney Hour" that advertisers first discovered the riches to be gained

by bypassing parents and appealing directly to youth. It was also during this period that advertising and consumerism became saturated with sex (Coontz, 1992).

According to Coontz, the 1950's family life was financed by economic practices that were to have unanticipated consequences in the 1970's. Wives and mothers first started to work in great numbers during the 1950's in order to supplement their family's purchasing power; expansion of household comforts came at the cost of an astronomical increase in indebtedness. The labor-management accord of the 1950's helped erode the union movement's ability to oppose the take-backs and runaway shops that destroyed the family wage system during the 1970's and 1980's.

Family and gender strategies also contained some time bombs. For example, women "played dumb" for their husbands, living up to the fiction of male superiority. Commitment to improving the quality of family life by manipulating the timing and spacing of childbearing led to the social acceptability of family planning and the spread of birth-control techniques. Concentration of childbearing in early marriage meant that growing numbers of women had years to spare for paid work after the bulk of their child-care duties were finished. As a result of these factors, 1950's families fostered intense feelings and values that produced young people with a sharp eye for hypocrisy; many of the so-called rebels of the 1960's were simply acting on values that they had internalized.

Aside from the exceptional and ephemeral nature of the conditions that supported them, 1950's family strategies and values offered no solution to the discontents that underlined contemporary romanticization of the "good old days" (Coontz, 1992). The reality of these families was far more painful and complex than the situation-comedy

reruns or the expurgated memories of the nostalgic would suggest. Contrary to popular opinion, “Leave It to Beaver” was not a documentary.

In the first place, not all American families shared in the consumer expansion that provided Hotpoint appliances for June Cleaver’s kitchen and a vacuum cleaner for Donna Stone. A full 25 percent of Americans, forty to fifty million people, were poor in the mid-1950’s, and in the absence of food stamps and housing programs, this poverty was searing. Even at the end of the 1950’s, a third of American children were poor. Sixty percent of Americans over sixty-five had incomes below \$1,000 in 1958, considerably below the \$3,000 to \$10,000 levels considered to represent middle-class status. A majority of elders also lacked medical insurance. Only half the population had savings in 1959; one-quarter of the population had no liquid assets at all. Even when we consider only native-born, white families, one-third could not get by on the income of the household head.

In addition, real life was not so white as it was on television. Television, according to historian Ella Taylor May, increasingly ignored cultural diversity, adopting the motto of least objectionable programming, which gave rise to those least objectionable families, the Cleavers, the Nelsons and the Andersons. Such families were so completely white and Anglo-Saxon that even the Hispanic gardener in “Father Knows Best” went by the name of Frank Smith. But contrary to the all-white lineup on the television networks and the streets of suburbia, the 1950’s saw a major transformation in the ethnic composition of America. More Mexican immigrants entered the United States in the two decades after the Second World War than in the entire previous one hundred years. Prior to the war, most black and Mexican-Americans lived in rural areas, and

three-fourths of blacks lived in the South. By 1960, a majority of blacks resided in the North, and 80 percent of both blacks and Mexican-Americans lived in cities. Postwar Puerto Rican immigration was so massive that by 1960 more Puerto Ricans lived in New York than in San Juan.

These minorities were almost entirely excluded from the gains and privileges accorded white middle-class families (Coontz, 1992). The June Cleaver or Donna Stone homemaker role was not available to the more than 40 percent of black women with small children who worked outside the home. Twenty-five percent of these women headed their own households, but even minorities who conformed to the dominant family form faced conditions quite unlike those portrayed on television. The poverty rate of two-parent black families was more than 50 percent. Migrant workers suffered near-medieval deprivations, while termination and relocation policies were employed against Native Americans to get them to give up treaty rights.

The happy, homogenous families that remember from the 1950's were thus partly a result of the media's denial of diversity. Even among sectors of the population where the least objectionable families did prevail, their values and behaviors were not entirely a spontaneous, joyful reaction to prosperity. If suburban ranch houses and family barbecues were the carrots offered to white middle-class families that adopted the new norms, there was also a stick. For those who did not adopt the new norms, the 50's were filled with repression, anxiety, unhappiness, and conflict: a striking contradiction to "the golden years." Those complexities were readily seen in the issue of teen pregnancy.

PERSONAL PERSPECTIVE - 1950's - TIME AND CIRCUMSTANCE

Like all histories, my account of teen pregnancy prevention is neither objective nor exhaustive; rather it is replete with the kinds of bias that come from my having been raised in a particular place and time. I am a married white female, middle-class baby-boomer who grew up in a lower-middle suburb, who went to college and became a teacher. Along the way, I discovered that young people need much more than academics. One of those needs is avoiding unwanted pregnancies. *Therefore, the question is, should educators involve themselves with sex education?* If I had taught school in the 1950's, my answer would have been the same then as it is now. *Yes, but in earlier grades so that sex education would not have been too little, too late.* Regardless of “when” sex education is taught, the first order of business should be to get the facts straight. Grace Palladio, in her book *Teenagers*, explained 1950's American teens in this way:

“Adults tend to assume that the rise of independent teens, as opposed to dependent adolescents, is really a tale of cultural decline and parental neglect. But in fact, the evolution of teenage culture over the past fifty years is a story of institution building, market expansion, racial desegregation, and family restructuring. Bombarded as we are today with stories of armed teenagers in high school, pregnant teenagers with no plans for the future and self-destructive teenagers who drink and drive despite the yearly ritual of high school funerals, it is easy to lament the passing of a simpler time when teens respected their parents, high schools turned out educated graduates, and sex never reared its ugly head. But that cherished image of a well-functioning past tells us more about adult fantasies than teenage reality: The order and discipline we usually associate with the good old days had more to do with a lack of opportunities and alternatives than it did with a shared culture of Traditional family values or teenage respect for adult authority.

Time and time again over the past sixty years, teenagers have proved that they cannot be separated from the ideal adult world or molded according to adult specifications: Ever since the architects of adolescent culture imagined a sheltered, adult-guided world of dependent teenage children, their high school

descendants have yearned to breathe free. In the 1930's they battled their parents over curfews, cigarettes, and swing music; half a century later, the issues were sex, drugs, and rock'n roll. conflict remains the same, regardless of the issue or the era: Who gets to decide how teenagers look, act, and experience life? And who decides what that experience means? Although adults often interpret this conflict as a simple attack on parental authority tempered by hormones and a biological need to stand apart, that is only part of the story. The evolution of modern teenage culture has as much to do with a changing economy, a national culture of consumption and individualism, and the age-graded, adolescent world of high school as it does with inexperience or hostility to adult rule."

I agree with Palladio's comments and concur that no matter what kind of spin adults now put on the "good old days", the rules they now long for were rules of inequality and social conformity. Did the world really work better when girls had no choice in life but to get married, blacks knew their servile place, and kids who lived outside the charmed circle of upper-middle class life were invisible? Was life really simpler for teenage boys who carried the burden of war in the 1940's, or black teenagers who integrated high schools a decade later? Did the adult world make fewer demands on teenagers who came of age during the Great Depression or kept the home fires burning during the Second World War? Palladio asks some important questions for those of us concerned about the state of teens today. But if teenagers in the past had less trouble making decisions, it was because they had fewer, not better, choices to make. And if life seems so much harder today, it is because teenagers have such high expectations of what life should bring and almost no tolerance for what experts call "delayed gratifications."

While reading *Teachers*, I thought about my life in the 50's. I was nine years old in 1957, the year the birth rates soared, reaching highs that have not been equaled since. I knew nothing about sex, pregnancy, abortion, or adoption. I had no idea that 97 out of

every 1,000 girls aged fifteen to nineteen gave birth or that a surprising number of these births were illegitimate. I *did know* that a girl in my neighborhood went to visit her grandmother during Christmas and didn't come back.

The following scenario follows this single teen's discovery of being pregnant and represents my description of what she may have felt:

She sat with her legs crossed and head bowed, feeling embarrassed, guilty, and isolated. Understandable, considering time and circumstance. It was 1957; she was 15, single and pregnant. Pondering her options, she had not heard the bell for class dismissal. She had also not heard, years earlier, about pregnancy prevention. If she had, she would have known that she *could* get pregnant the first time, she *could* get pregnant from having sex while standing up, and *she could not* prevent an unwanted pregnancy if she took a bath immediately after having sex.

Staring at the chalkboard, she tried to make sense of what had happened. She had no idea what had happened. She had no idea what to do. She just wanted her problem to go away. As the school day ended, she made her way down the hall and outside to where others stood. Not stopping to talk, she boarded the bus, already feeling isolated. Seated on the bus and looking back, she thought about her first day of school years ago and realized today would be her last.

This teen had led a sheltered life. . . sheltered from information about abstinence, healthy relationships, and contraception. Who was responsible for providing the knowledge that may have prevented her pregnancy? As Palladio explained, despite decades of expert consultation and educational reform, we still have a high school systems that is better at employing adults than it is at educating the mass of students for

either college or life. And despite - or more likely because of - over sixty years of sheltering youth, we have not managed yet to ease their transition to adulthood. No doubt we ever will. But that does not mean adults will stop trying. *Again, the question is, should educators involve themselves with sex education?*

OVERVIEW OF TEEN PREGNANCY

The 16-year span, from 1947 to 1964, known as the 50's decade, brought various sufferings to Americans. One of which was the increase in teen pregnancy.

Sexual repression in the 1950's gave way to sexual containment (May, 1992). The new practice of going steady, May argued, widened the boundaries of permissible sexual activity. However, it was always up to women to make sure things did not "get out of hand." For example, magazines designed for women such as *Ladies Home Journal*, reported that it was up to women to "put the brakes on" (Valerio, 1999).

The morality of sex in the 50's depended not so much on stricter control as on the intensification of the sexual double standard (Coontz, 1992). This double standard, wrote Coontz, led to a Byzantine code of sexual conduct; petting was sanctioned so long as one didn't go too far (though this was an elastic and ambiguous prohibition); a female could be touched on various parts of her body (how low depended on how serious the relationship was) but nice girls refused to fondle the comparable male parts in return; mutual stimulation to orgasm was compatible with maintaining a good reputation so long as penetration did not occur.

The success of sexual containment depended on sexual inequality. Males did not bare the responsibility of saving themselves for marriage; this was exclusively a female's job. In sharp contrast to the nineteenth century, when oversexed or demanding males

were considered to have serious problems, it was considered normal or natural for them to be sexually active. The average male, advice writers commented indulgently, “will go as far as you will let him go” (May, 1992). When girls succeeded in holding out (a phrase charged with moral ambiguity), they sometimes experienced problems letting go, even after marriage; when they failed, they were often reproached later by their husbands for giving in. The contradictions of this double standard could not long withstand the period pressures for compassionate romance: By 1959, a more liberal single standard had already gained ground among older teens across America.

Many people today talk about the 50’s as being sexually repressed and there are still old instructional films around that showcase this opinion. For example, in “Social-Sex Attitudes in Adolescence” (1953) the female is heard saying “Don’t do that,” while the male teen replies, “Don’t be an iceberg all your life. Look, we love each other don’t we?” Without hesitation, the female, in a demanding tone, says “Take me home.” This may have been what teens heard and saw in the social films of the day, but for the majority of teens, it is an inaccurate picture of what they did.

The 1950’s were hardly asexual. Teens had sex, felt it was wrong, but that didn’t stop them. Those who advocate that today’s youth should be taught abstinence or deferred gratification rather than sex education will find no 1950’s model for such restraint (Coontz, 1992). According to Coontz, heavy petting became a norm of dating in this period, while the proportion of white brides who were pregnant at marriage more than doubled. Teen birth rates soared, reaching highs that have not been equaled since. In 1957, 97 out of every 1,000 girls aged fifteen to nineteen gave birth compared to only 52 of every 1,000 in 1983. A surprising number of these births were illegitimate,

although 1950's census reports made it impossible to identify an unmarried mother if she lived at home with her parents. The incidence of illegitimacy was also disguised by the new emphasis on rehabilitating the white mother, though not the black, by putting her baby up for adoption and encouraging her to start over. Coontz (1992) reported that there was an 80 percent increase in the number of out-of-wedlock babies placed for adoption between 1944 and 1955. Additionally, Coontz maintains that the main reason teen sexual behavior did not result in many more illegitimate births during this period was that the age of marriage dropped sharply. Many of the young girls who found themselves pregnant were simply handed wedding rings. In fact, the growing willingness of parents to subsidize young married couples and the new prevalence of government education stipends and home ownership loans for veterans undermined the former assumption that a man should be able to support a family before embarking on marriage. Among the middle class, it became common for young wives to work while their husbands finished school. Prior to the 1950's, as David Riesman wrote of his Depression-era classmates. It would not have occurred to us to have our wives support us through graduate school (Coontz, 1992). That experience was a classic example of how males benefited from the novelties brought about in the 50's. As for females, the transformation in American society of which white, middle-class women could take advantage accelerated in the postwar period. Girls who grew up in the 50's and early 60's benefited from those changes, and this meant lives lived differently from their mothers. They were forerunners, even if unintentionally, of what postwar advanced capitalist society made possible: the development, really the requirement, of women's participation in the labor

force, the potential equality in intimate heterosexual relationships, and more generally, sexual freedom (Breines, 1992).

In examining the literature of the period, this researcher found that Coontz's book, *The Way We Never Were: American Families and the Nostalgic Trap*, seemed to capture the spirit of the decade as it relates to teen pregnancy.

FACTORS RELATING TO TEEN PREGNANCY

The public was concerned with influences of popular music, movies, television, novels, and periodic literature and these influences were sometimes blamed for the increase in teen pregnancy (Valerio, 1999). Educators questioned the impact of television on the growth and development of children. Daniel Marsh, President of Boston University, asked "Will TV create a nation of morons?" (Kirshon, 1993). His response was to a national survey that found children watched television 27 hours per week, close to the amount of time spent in school. Schauffler, (1958) wrote and spoke both with health care professionals and the general public about changing sexual mores and the influence of entertainment and family values on young teenage girls. Schauffler stated, "Children today are subjected to sex in its rawest forms before they have the faintest concept of its total meaning." (1958, p.43). He included references to emphasis on the bosom, the writhing of popular singers, and the erotic qualities of perfume. Rock n roll music and movies as well as a lack of supervision in the home, use of liquor, narcotics, automobiles, and gangs were described as impacting teenage sexual behavior (Morton, 1956; Samuels, 1958; Schauffler, 1954, 1955, 1958).

In contrast, there were some authors who, though they accepted the belief that issues such as those previously mentioned influenced teen behavior, did not recognize

them as the causes of illegitimate pregnancies. Physicians, psychologists, and social workers viewed adolescent motherhood through a psychoanalytic lens. They saw unwed pregnancy as being related to neuroses such as poor relationships with their parents or deep-seated ambivalence about men and sex (Fliess, 1954; White, 1958; Young, 1954). They described emotional confusion and poor parent-child relationships as fundamental to the cause of unwed motherhood (Allen & David, 1958; Hickey, 1958; White, 1958). For example, White argued that if any generalization applies, it is that girls deviate from conventional patterns of sexual behavior because of deep-seated conflicts or insecurities of one sort or another. White also described the homes of many poor minority girls. Such comments show that the influence of Freud and Jung was apparent in both professional and popular writings of the times.

Many writers of the period stressed how family and social environments were related to the outcome of teen pregnancy. In the 1950's, parent-child relationships were often viewed through a psychoanalytic lens, while in subsequent decades the focus became family structure, parental education, and economic well-being. Escalating divorce rates and the numbers of single parent families living in poverty were linked to teen pregnancy as cause and effect (Valerio, 1999).

One effect of teen pregnancy in the 50's was that the accountability of the male took only one form - the father was expected to marry the mother. Male accountability began to be addressed in the 60's, although there has since been inconsistency in the amount of attention given. Opinions varied on the role and responsibility of the young unmarried father. Legal and financial culpability has most often been the focus. Fathers

in the 1950's and 1960's were expected to be supportive as well as legally and financially responsible. Generally, the 1950's father met those expectations.

SOCIETAL VIEWS ON TEEN PREGNANCY - OPTIONS FOR PREGNANT TEENS

Young (1954) addressed attitudes toward unmarried mothers in her book *Out of Wedlock*. She stated, "We are perhaps less shocked by the fact of extramarital relations, but we object violently to their tangible confirmation by the advent of an out of wedlock child." In fact, if one observes public reactions today, one can hardly escape the conclusion that it is not so much the sexual relationship to which we object as it is the fact of the baby. Young also noted that the child of sin expression had gone out of style by the 1950's but that its spirit continued to shape public laws and actions. Young went on to describe economics as a motivating factor. She observed that people have never taken kindly to paying for the weaknesses and crippling problems of those for whom we were not immediately and legally responsible. Young found that 13 states, however, eliminated any information indicative of legitimacy or illegitimacy status on birth certificates and enacted adoption laws to protect unwed mothers and their babies from exploitation.

Attitudes about adoption varied (Vincent, 1961; Madison, 1966). According to Vincent, children of unwed white mothers were often seen as a means for infertile, childless couples to have families and considered less of a social problem than illegitimate Negro children who were less in demand for adoption. Madison (1966) identified similar issues but stated that the 1955 National Conference on Adoption provided the impetus for expanding services, addressing problems of minority children,

who needed adoption, and increasing research and professionalism in adoption procedures.

Attitudes about abortion also varied in the 1950's. Several authors of the time questioned the accuracy of the statistics describing abortion, teen pregnancy, and illegitimacy (Kinsey, 1958; Vincent, 1954; White, 1958; Young, 1954). Kinsey's data indicated that young women from the middle and upper socioeconomic classes were better able to conceal the practice of abortion. Young stated that unmarried mothers came from all social and economic backgrounds, but public agencies almost by definition knew the largest number of girls come from the lower economic groups. White believed that although school-age mothers were accounted for through required explanations for absences, families with means and ingenuity concealed illegitimate pregnancies through falsified excuses, abortions, non-recorded births, and quiet unofficial adoption. Vincent stated the majority of the samples studied were taken from public institutions, welfare agencies, and psychiatric clinics). Because of greater social mobility and financial capability, women from middle and upper socioeconomic classes had more alternatives and broader access. In the study of pregnant teens conducted by Marchetti et al. (1965), 99% of the teenagers in the group were black. Data on unmarried pregnant women unequally represented women who were poor, non-white, and used public agencies. Regardless of class or race, choices for unwed teens were limited.

The only socially accepted solutions for out-of-wedlock teen pregnancy in the early 1950's were imposed isolation or hasty marriages. In some instances, after isolation, babies were claimed as belonging to a relative, particularly the grandmother. Many young pregnant girls who were not isolated were sent to live with relatives or

placed in maternity homes such as Booth or Florence Crittenton or family-service sponsored foster homes for unwed mothers (Kerman & Jekel, 1973; Schauffler, 1958; White, 1958). White described these efforts to hide pregnant unwed teens as the attempts of many parents, tragically upset, to solve a grave human problem by trying to deny its existence. Jekel and Klerman (1984) believed that prior to the 1960's, adolescent pregnancy was perceived as a problem more because of legitimacy status than because of the mother's age. Schauffler (1958) characterized these girls as crushed, unconfident and often feeling keenly the concern they have caused their families. "They must leave their school and friends; get out of sight."

According to Kerman & Jekel (1973) teenage girls who became pregnant prior to the 1960's were generally excluded from regular classroom attendance. In 1973, the National Association of Secondary School Principals, stated that in cases going back to 1928, courts have rather consistently held that denial of a regular academic education to students whose ages fall within the compulsory attendance laws should be exercised only in most severe cases, with marriage and/or pregnancy not generally an acceptable cause. However, there was opposition beginning in the late 1920's, when married students challenged school boards about their rights to be in school and the reasonableness of certain courses of action which they {the school boards} had taken (Flowers & Bolmeier, 1964). The courts in general declared that the operation and management of the schools was important and should be left to the discretion of school boards except in the case where their action proves to be unreasonable, arbitrary, and capricious.

Board policy most often mirrored the majority values and beliefs of the community they served. In the 1950's volumes of *The Yearbook of School Law* there

were no references to pregnant students and their attendance in school or rights to an education. Both formal and informal school policies contributed to the ostracism and isolation of pregnant teens.

SEX EDUCATION GRADES (K-12) EFFECTIVE SCHOOL-RELATED PROGRAMS

During the 1950's, although many parents, religious leaders, and health and education experts believed that sex education should be taught, formal programs were not widely offered. Discussions appeared about the importance of the spiritual, emotional, and physical components of sex. There was also recognition of the need for adults to be good role models. The belief was that what children and youth learned in the classroom should match the behaviors they witnessed.

Several writers from the period commented on the controversial topic of sex education and the role that schools should play. Dennis (1958) maintained that sex education was considered by some as more than the learning of information. It was not a subject that could be approached as a single problem, since sex is related to the spiritual, emotional, and physical development of the individual as well as to the social aspects of the community at-large.

Between 1952 and 1958, Dorothy Barclay, a writer for the *New York Times*, published several articles on sex education. She identified the issues and the arguments parents, educators, doctors, and religious leaders had made about who should educate as well as what should be taught. During this time, several state departments of health and numerous religious and secular organizations prepared instruction booklets for parents. Some schools included sex information in the classroom, but no formal programs were

taught. By 1957, Barclay concluded that more and more, sex education in the truest and deepest sense was coming to be recognized as an inherent part of all wholesome family living. That same year, an unsigned letter was published in the *Ladies Home Journal* describing a young woman's unwed pregnancy experience. In *When Love is Wrong*, she wrote, "We had sex instruction in school, but it was only about the physical part, not about morality or standards or anything like that." White (1958) concurred that often the emotional and psychological aspects of sexual relationships were poorly related to physical aspects. Barclay (1958) later reported that in a study in the Midwest, almost 40% of the young people surveyed felt their sex education had not been adequate. Their responses demonstrated that the extent of sex knowledge and its source have almost no influence on the development of controls on sex behavior. Her conclusion was that setting and maintaining limits by parents and modeling of responsible attitudes between men and women were as important as providing sound, formalized sex education.

Issues surrounding sexuality were evident in the 1950's but preventing teens from unplanned pregnancies was not a goal for schools at that time. If a course was available in high school, it usually offered information that was too little or too late. It was not until the 1970's, when births to teens were first diagnosed as a major social problem, that such a goal was pursued. And, it wasn't until the 1980's and 1990's that studies provided evidence on the effectiveness of different programs. Therefore, the decade of the 50's does not lend itself as a translator of school efforts to reduce sexual risk-taking behaviors in teens. It does lend itself to the situation presented earlier with our single pregnant teen. She needed accurate and comprehensive education about sexuality before her fifteenth

birthday. Without it, her early, exploitative, or risky sexual activity led to an unplanned, unwanted pregnancy. Her life would never be the same.

CHAPTER IV: AMERICA IN THE 1960'S

INTRODUCTION

The purpose of the research was to identify school-related programs that have been successful in reducing teen pregnancy. In Chapter 2, the researcher developed the organization pattern of this study that was to explore a single decade in each chapter. Chapter 3 then went on to describe what happened in the decade of the 1950's. Chapter 4 deals specifically with the 1960's.

SPIRIT OF THE DECADE

The sixties were a time of momentous change, of radical social movements, of sweeping legislation which brought government closer to the lives of every American. There were incredible achievements in space, medical, and other technologies. People began to pay much more attention to their health, the environment, and public safety.

The sixties also marked the end of the consensus view, in which the majority of people never questioned the status quo. In politics and the wider society, an idealism challenged the materialistic values and spirit of conformity of the fifties in a way that changed the whole American way of life for years to come.

The sixties was a violent decade. It saw four major assassinations - a president, a presidential candidate and two of the greatest leaders that the black civil rights movement has ever seen. There were riots, rising urban violence and crime, police violence, and a growing fascination with violence on TV, in books, and at the movies. Meanwhile, the

nation was engaged in a violent and, many thought, immoral war on the other side of the world.

It was the decade in which America's youth voiced their concerns. These concerns were expressed in the massive antiwar demonstrations, political activities on college campuses, and radical changes in dress and grooming. Drug use, especially of marijuana and LSD, increased. Pop music continued to outrage the older generation but now also turned its attention to criticizing politicians and the establishment.

It was the decade when blacks, and their white supporters, finally sat together at segregated lunch counters; they boycotted segregated buses, and organized massive demonstrations to publicize the cause of black civil rights. Before the law at least, the rights for which the nation had struggled 100 years before had at last been won.

Women, too, began to recognize that there was more to life than running a home and raising children. The Pill gave women more control over their bodies and families more control over their lives.

It was the decade when sex came out of the closet and sexual matters, sometimes quite literally, began to be aired in public. For example, the oral contraceptive was credited for enhanced sexual liberation. In addition, movies and theaters began to portray subjects that had been taboo just a few years earlier.

Americans sought profound change during this decade. Many looked to President Lyndon Johnson to change the face of the nation. His Great Society promised justice and a fair deal for all, but especially the underprivileged. According to White (1995) President Johnson's hopes and the hopes of the nation were diminished by crises both here and abroad. At this time Americans were experiencing the burning rubble of the

inner-cities as radical blacks rejected what they saw as token adjustments in the status quo. Additionally, Americans were trying to come to terms with the war in Southeast Asia.

In 1968, Republican Richard Nixon was elected president, partly as a backlash against the anarchy into which the country seemed to be sliding. As the next decade unfolded, however, it seemed that the turmoil, violence in society and cynicism in government would continue. Pledged to bring the country together, Nixon's period in office was to be marred by more nationwide protests against the war, the humiliating withdrawal without victory of troops from Vietnam, and by the scandal and shame of Watergate.

To some, the 60's have been described, as a time of radicalism and counter-culture; a time of socio-cultural change which attempted a re-configuration of the public sphere and civil society in America (Graham, 2000). According to Graham, some historians maintain that the 60s lasted 20 years, from 1955-1975. The kinds of feelings, attitudes and doings which were widely recognized as being “very 60’s” found their roots in the middle 50’s and became more extreme in the middle 70’s. To understand how the spirit of the 60’s began in the 50’s and continued into the 70’s, it is necessary to review several major events of the decade.

By October 1962, America was on the brink of a nuclear war. For most of the decade there was a standoff between the U.S. and the Soviet Union. War was averted and both the U.S. and the Soviet Union became convinced of the power and determination of each other and the necessity of negotiation (Nash, 1997).

What the American public perceived as victory in the Cuban missile crisis renewed the nation's pride and its belief in containment. A youthful President Kennedy, who appealed to young Americans, stirred their idealism and thousands joined the Peace Corps and VISTA. Others joined the civil rights movements. The conviction to fight for civil rights may have been a contributing factor in the increase of teen pregnancies as young people, both black and white, rallied for civil rights by spending long emotionally charged time periods with one another.

As the 60's progressed, there was escalating racial unrest in America. By 1963, the *New York Times* was devoting an entire pullout section each day to coverage of civil rights protests, and network television was bringing the message of these protests to millions of people each night (Foner, 1996). The often violent treatment of nonviolent civil rights protesters in the 1960's was brought to the public eye and this coverage swung public sympathy to the side of the civil rights movement.

President Kennedy's administration strongly identified with the civil rights movement. Kennedy exerted pressure in Congress to pass Civil Rights Acts banning discrimination. The President also pressed Congress for advances in the women's movement as well as equal opportunity and affirmative action. Kennedy was caught up in the turmoil of Vietnam but did not live to see its results as his assassination occurred in November of 1963. Americans were at a standstill as a result of the tragic event. According to Newstadt (1997), thousands of the nation's young people who had identified with Kennedy felt cheated and their hopes for reform were dimmed by Kennedy's death.

Changes and challenges continued into the late 60's. A number of politically motivated assassinations shocked the American public. In 1965, Malcolm X, a militant civil rights leader, was assassinated. Three years later Martin Luther King, peaceful civil rights activist and Robert Kennedy, presidential candidate, were killed by assassins.

The turbulence created by the assassinations and the civil rights movement, are well documented by the rise of the Black Panthers, the Free Speech movement, and the anti-war movement. Other social movements in the 60's and 70's were documented as well by the rise in the struggle for disability rights, environmental activism, feminism, and rights for gays (Coontz, 1992). Among various social and domestic changes, from the Kennedy administration through Nixon's first term, Americans were searching for racial, social, and sexual equality. This divided the American public in their views of the 60's. Some people saw this period as the "decade of discontent" because of the demonstrations against the war and race riots in Detroit, Los Angeles, and other cities. Others called it the "decade of peace, love, and harmony" because of the peace movement and the emergence of the flower children. For teenagers, it was known as the "decade of rock and roll," from Elvis to the Beatles, and a thousand places in between.

PERSONAL PERSPECTIVE - TIME AND CIRCUMSTANCE

In the early 1960's, I was confronting puberty. I became obsessed with *so many* things, one of which was sex. This time in my life was concurrent with the beginning of the Sexual Revolution. I was "paranoid" for years because of the mixed messages I had received about sex. The legacy of the 1950's was that no nice girl ever, ever went "all the way" before marriage and no nice woman ever really liked sex. But by the early 1960's, there were indications to the contrary in books, ads, music, and movies. As I

moved from a preteen to teen, I became a lot less sure of what was right and wrong when it came to sex.

A part of me thought that sex was sin. The other me thought sex was the ultimate expression of romantic love. I didn't know which instinct to act on and which one to suppress. Neither did my friends. Was being cautious too safe? Was being daring too risky? Yes *and* Yes.

I traveled through the sixties on guilt . . . aside from that . . . I was lucky. As a single sexually active teen, I survived those years without having to face an unwanted pregnancy, but dozens of my friends and family were not so lucky.

Perhaps comprehensive sex education would have helped my friends and family members avoid unwanted pregnancies. Just as I had, these people had relied on peers, movies, and music to learn about sex. *Again, should educators involve themselves with sex education?*

OVERVIEW OF TEEN PREGNANCY

In the 1960's, pregnancy and birth statistics for all age groups increasingly focused on the rise in illegitimacy. According to Festinger (1971) the number of illegitimate births in 1965 had tripled those of the early 1940's. Illegitimate births represented 7.7% of the total births in the United States. More than half the babies born to girls fewer than fifteen were illegitimate; for fifteen to seventeen-year-olds the rate of illegitimate births was one in four; for eighteen and nineteen-year-olds the rate was one in nine (Komaiko, 1962). Many authors believed that these statistics underrepresented the real numbers related to shotgun marriages, false birth certificates, illegal abortions, and

socioeconomic status (Guttmacher, 1964; Harris & Allen, 1963; Komaiko, 1962; Osofsky, 1968; Rinehart, 1963).

The identification of single pregnant teens continued to exist. Women and young girls who continued to “get caught” or who “got in trouble,” i.e., pregnant outside of marriage were often considered deviant, not because of sex outside of marriage but because they became pregnant (Munt, 1967). Osofsky (1968) professed that the poor and especially the nonwhite were no more tolerant of illegitimate births than others, especially in a society where unwed mothers were looked down on. Osofsky believed that instead of regarding teenage pregnancy as a situation for which the individual was perhaps unready, the pregnancy was regarded as a crime.

Poinsett (1966) wrote that the attitudes in the United States related to all unwed mothers and compared the plight of the black mother to that of the white. She stated that in the pecking order of America, unwed mothers are perhaps the most despised minority. In addition, welfare costs, often based on partial facts, were related negatively to unwed mothers and their illegitimate children.

Calderone (1997) stated that beginning in the early 50’s, our society had lifted all forms of discipline and control, and substituted nothing for them. Gross (1966) agreed and stated that there were few rules about anything including sex. Some writers from the period, such as Munt (1967) believed that as a society we extolled permissiveness, but abhorred its unfortunate results. Echoing his sentiments, Harris & Allen (1963) agreed there was permissiveness but that it was a societal phenomenon and not necessarily condoned by individual parents.

Other writers of the period identified several factors that led to unwanted teen pregnancies. Komaiko (1962) maintained that troubled homes, poor parenting, and emotional imbalance were blamed for diminished or faulty self-esteem in young girls who searched for satisfaction, for affection and found themselves unwed and pregnant. Von Der Ahe (1969) claimed that such factors as the lack of parental supervision and the inability of mothers to teach their daughters basic emotional control led to unwanted teen pregnancy. Also stated and perhaps the most important cause was the lack of proper sex education.

During the examination of the literature, this researcher found that Palladino's book, *Teenagers*, best captured this decade as it related to teen pregnancy.

FACTORS RELATING TO TEEN PREGNANCY

The 1960's generation did not invent premarital and out-of-wedlock sex but within this time frame there was a reconfiguration of sexual behavior and expression (Coontz, 1992). According to Coontz, the 60's saw a dramatic acceleration of sexual liberation and a reversal of most opposing trends of the 1950's. This acceleration occurred in three stages. The first was the growth of a singles culture predating the rise of political and cultural protest that accepted sexual activity between unmarried men and women. The second stage was reached when women began to demand that this singles culture be readjusted to meet their needs. A third came in the 1970's, as a gay movement questioned the exclusive definition of sexual freedom in terms of heterosexuality.

There were numerous social forces and demographic changes that contributed to these developments. The invention of the birth control pill and IUD, the rising age of marriage, and women's growing autonomy, were among the contributing factors.

Although issues such as the rising age in marriage was not documented at this time, statistics were provided a few years later as seen in Table 1.

Benjamin Spock, a leading authority on childcare, hypothesized that the public's increased exposure to psychological and sociological information altered attitudes toward morality and beliefs about sex. On Spock's advice, parents did not want to be perceived as old-fashioned or too strict and therefore provided less structure and guidance for children and teens. Coupled with less structure and guidance was the revulsion by some of a politically active generation against what they saw as hypocrisy of their elders.

Table 1. Teen Pregnancy in United States: Out-of-Wedlock Births and Marriages

Out-of-Wedlock Births	Marriages
Although only three out of ten out-of-wedlock births are to teens, 48 percent of all non-marital "first" births occur to teens. Nearly 80 percent of teen births are to unmarried teens, up from 15 percent in 1960.	Men and women today (2000) marry, on average, three to four years later than did their counterparts in the 1950's. As a result of later marriage and both earlier menarche and earlier age of sex, teens today begin having sex approximately eight years before marriage.
In contrast with the 1960's and 1970's, when most of the growth of single-parent families was caused by increases in divorce and separation, nearly all of the growth in the 1980's and 1990's has been driven by increases in out-of-wedlock childbearing.	Only 30 percent of teen mothers who marry after their child is born remain in those marriages and teen marriages are twice as likely to fail as marriages in which the woman is at least 25 years old.
The reduction in the teen birthrate has contributed to the leveling off after 1994 of the proportion of children born outside marriage.	Teenagers who have a non-marital birth are significantly less likely to be married by the age of 35 than those who do not have babies as teens.
Children in single-parent families are more likely to get pregnant as teenagers than their peers who grow up with two parents.	Teen mothers spend more of their young adult years as single parents than do women who delay childbearing.

Source: Not Just Another Single Issue: Teen Pregnancy Prevention's Link to Other Critical Social Issues, the National Campaign to Prevent Teen Pregnancy, February, 2002.

The baby boomers, having grown up during the cold war, felt they were living on the edge of disaster. The threat of nuclear war was ever-present, as was the possibility of fighting a war in Vietnam (Nash, 1997). According to Nash, many blamed their elders, who included not only their parents but also everyone over the age of 30, for creating the world in which they lived. The differences in attitudes between people of different age groups, or the generation gap, became a divisive force in society and teens reacted to this division in a variety of ways. Some formed a counterculture and rejected the beliefs of what they called the Establishment-people and institutions that represented power, authority, and the status quo.

In the counterculture's way of thinking, the older generation was inhibited, so the young placed a premium on "doing your own thing." According to the counterculture, the Establishment was materialistic, so the youth culture attempted to break from habits of regular employment and consumerism. Many thought it was better to make only what you needed and share what you have with others. The counterculture blamed science, technology, and the emphasis on reason for bringing the world to the brink of nuclear disaster so they stressed intuition and inner feelings over intellect.

The trend of challenging the Establishment contributed to the rising number of teen pregnancies. Members of the counterculture, often known as Hippies, searched for peak moments, or emotional highs, and used sex and drugs to achieve them. That lifestyle was their rejection of more conservative morals against premarital sex. That, along with the availability of the birth control pill, opened the door to a new era of sexual freedom. One of the results of this sexual freedom was that the mind-set of some teens was to make love not war. These new views attempted to separate sex from love and

some of the flaunting of the new sexuality, such as explicit song lyrics, or public nudity, were self-indulgences meant to shock the older generation.

Although the counterculture was a contributing factor to teen pregnancy, these young people forced other teens across the country to take a look at them and question some fundamental values about the individual and society. The downside was that casual sex and the use of drugs took their toll on America's youth. While there did not exist any formal documentation at that time, informal observations suggested a continued high rate of pregnancy and venereal disease during this decade. Conversely, teen pregnancy statistics became available in the early 70's and are provided in Table 2.

Table 2. U. S. Teen Pregnancy Statistics:

Number of women, number of births, and estimated number of abortions, miscarriages and pregnancies by age at outcome, 1972-1996					
Year and age of woman	Female population (thousands)	Births	Legal Abortions	Estimated Miscarriages	Total Pregnancies
Women Under Age 20**					
1972	9,988	628,362	u	u	u
1973	10,193	616,957	243,530	147,750	1,008,230
1974	10,350	607,978	293,120	150,910	1,052,010
1975	10,466	594,880	342,040	153,180	1,090,100
1976	10,582	570,672	378,500	151,980	1,101,150
1977	10,581	570,609	412,280	155,360	1,138,260
1978	10,555	554,179	433,900	154,230	1,142,310
1979	10,497	560,171	460,820	158,110	1,179,110
1980	10,381	562,330	460,120	158,480	1,180,930
1981	10,096	537,024	448,570	152,260	1,137,860

Table 2 Continued

1982	9,809	523,531	433,330	148,030	1,104,890
1983	9,515	499,038	427,680	142,580	1,069,290
1984	9,287	479,647	415,790	137,520	1,032,940
1985	9,174	477,705	416,170	137,160	1,031,040
1986	9,206	472,081	404,930	134,910	1,011,920
1987	9,139	472,623	395,910	134,120	1,002,650
1988	9,029	488,941	406,370	138,420	1,033,730
1989	8,840	517,989	383,650	141,960	1,043,600
1990	8,645	533,483	363,550	143,050	1,040,090
1991	8,371	531,591	326,620	138,980	997,190
1992	8,324	517,635	308,190	134,350	960,180
1993	8,410	513,647	301,120	132,840	947,610
1994	8,580	518,389	288,530	132,530	939,450
1995	8,799	512,115	274,620	129,890	916,630
1996	9,043	502,725	274,300	127,970	905,000
1997	9,241	493,341	263,890	125,060	882,290
1998	9,494	484,357	u	u	u
1999	9,597	484,794	u	u	u

Source: National Center for Health Statistics, National Vital Statistics Reports, March 5, 2001

While the counterculture had considerable influence in expanding the notion that a person should have the right to choose sex, advertisers and the mass media provided the ultimate and most powerful and visible models of sexual liberation. There was a dramatic increase in sex information available to teens, and authorities claimed this increase was provided through explicit movies, books, and television as contributing to increased unwed teen pregnancy (Beck, 1965; Collier & Kirkendall, 1969; Goodman, 1967; Gross, 1966; Munt, 1967). Munt stated that movies, TV, books, commercials, and

often the attitudes and behavior of adults have taught them to view it as though it were the whole content of life. Collier and Kirkendall stated that in the United States the culture was saturated with sex. Early dating was also identified as contributing to precipitous sexual activity as were concurrent expectations for prolonged education and delayed marriage (Beck, 1969; Harris & Allen, 1963; Munt, 1967; Rinehart, 1963; Von Der Ahe, 1969).

SOCIETAL VIEWS ON TEEN PREGNANCY - OPTIONS FOR PREGNANT TEENS

Most of the attitudes on teen pregnancy during the 60's showed little variance from the 50's. Munt (1967) stated that women and young girls who got pregnant outside of marriage were often considered deviant. According to Munt, society saw these girls as deviant not because they had sex outside of marriage, but because they had gotten pregnant. Osofsky (1968) argued that poor Americans and especially the nonwhite, were more accepting of illegitimate births but that the majority of Americans looked down on unwed mothers and their children. He further stated that instead of regarding teen pregnancy as a situation for which the individual was perhaps unready, the pregnancy was regarded as a crime.

Poinsett (1966) maintained that society's attitudes were the same for all unwed mothers regardless of race. Negative attitudes toward out-of-wedlock teens carried over into discussions on welfare. Most Americans blamed high welfare costs on unwed mothers and their illegitimate children. Some of these judgments were based on partial truths and poorly understood facts.

Childrearing and discipline became important topics of the 1960's. Calderone (1965) stated that beginning in the early 50's, Americans had lifted all forms of discipline and control, and substituted nothing for them. Gross (1966) expressed a similar point of view and stated that there were few rules in the 60's about anything, including sex. Munt (1967) maintained that as a society Americans extolled permissiveness but abhorred its unfortunate results. Conversely, Harris and Allen (1963) claimed that teen pregnancy was a societal phenomenon and not necessarily condoned by individual parents.

During the 60's, society continued to put most of the blame for pregnancies on females. Societal views toward young men, however, had changed. Males were still expected to be supportive and were held accountable, but unlike the 50's, the majority of males did not meet those expectations.

Within this decade, unwed teen pregnancy remained shrouded in secrecy in mainstream culture. Komaiko (1963) stated that unwed pregnancy was still surrounded by shame, scorn, fear, and a desire for flight. During this period the Salvation Army's Booth Memorial Hospitals, the Florence Crittenton Homes and other agencies were well established. Efforts such as these provided residential maternity care. The philosophy of many of these homes supported isolation and secrecy and the belief that girls should look upon their stay as an isolated interlude, unrelated to past or future.

Many teens were sent to these boarding homes or to live with relatives and encouraged to place their children for adoption. However, increasingly in the late 60's, more young women opted to keep their children. According to Festinger (1971), society during that time granted the unwed mother greater social support for doing so. This was the first time in modern history that this occurred.

Murdock (1968), however, contradicted this view and stated that teens whose circumstances dictated the use of the welfare system had fewer choices and therefore kept their children. According to Murdock, these young girls received the least counseling and social service care and needed it the most. In addition, the adoption market was shrinking (Harris & Allen; Munt, 1967). However, at least one authority maintained that this should not persuade Americans to encourage an unwed mother to keep her baby as an acceptable solution (Munt, 1967).

Public education was offered to these girls in special schools, in day and night-school courses, in boarding homes, and through home tutoring (Howard, 1968; Pollack, 1967; and Strom, 1967). Most commonly, educational programs for pregnant girls were developed in alternative settings. Some writers of the period, stated that curricula emphasized regular classwork as well as prenatal and childcare education. Some schools allowed girls to remain in regular classrooms. The cost of alternative education programs was a factor and the legality of excluding pregnant students was being questioned by national organizations such as the American Civil Liberties Union and the National Council on Illegitimacy.

The role of teenage fathers began to be discussed openly in the literature. Pannor & Evans (1967) believed that the unwed father had been virtually ignored by social agencies and the helping professions. Calderone (1965) believed that boys have always been encouraged to develop their healthy drives toward manhood, but little has been demanded of them in exercising responsibility. She espoused the need as sexual mores change for men to increasingly share the burden of being responsible for outcomes of sexual behavior.

How to incorporate these young unmarried fathers differed. Discussion occurred related to the legal and financial implications as well as his role in decision-making and support of the unwed mother during her pregnancy (Beck, 1965; Bernstein, 1966; Pannor & Evans, 1967). These same authors believed unmarried teen fathers were often treated as seducers and exploiters and not given an opportunity to assume responsibility. Long-term impacts on productivity and economic welfare were considered in light of premature marriage and decreased educational opportunities.

During the 1960's, it was the policy of many school boards to exclude pregnant girls from regular classrooms. Administrators stated the public would not tolerate these girls' participation in the school systems and acted accordingly (Howard, 1968; Strom, 1967). Yet another challenge exacerbated the problem because of early marriages. Many school administrators faced the challenge of increasing numbers of married students wanting to complete school (Flowers & Bolmeier, 1964). School officials worried about their influence on peers and the issue of pregnancy was only one of the many factors considered.

Most pregnant teens left school once the pregnancy became known or was evident. The percentage of school dropouts caused by teen pregnancy was difficult to estimate because of attempts to keep it secret (Murdock, 1964). Girls were generally dismissed from school, some never to return, as educational programs for this group were limited in most school districts (Murdock, 1968). Writing at the end of the period, Osofsky (1968) expressed the belief that exclusion of pregnant teens from school was harshly punitive and unjust. "The girl is treated like a criminal to be shunned, one who may return to society only if she purges herself of her guilt and is fully remorseful"

(p.67). By the end of the 60's, there was a visible movement in educational systems to keep pregnant girls in school.

SEX EDUCATION FOR GRADES (K-12) EFFECTIVE SCHOOL-RELATED PROGRAMS

For much of the decade, family-life programs and sex education for children and teens in the U.S. were openly endorsed. This support existed for many reasons. There was an awareness of sexual ignorance and the abundance of myths and misinformation held by children and teens. Parents themselves were described as shy and ignorant about sex and teachers and health care professionals were poorly trained in the area of sexuality (Frailberg, 1963; Goodman, 1967; Gross, 1966; Kobler, 1968; Spock, 1962).

Writers of the period disagreed about what parents wanted schools to teach. There was a great amount of parental resistance to sex education during this time (Gross, 1966). Kibler (1968), stated that parents spoke out most strongly in favor of family-life and sex education in schools. Goodman (1967) agreed and stated,

“Parents wanted schools to present the facts of life and love in a more coherent and straight forward way . . . {but} do not want to relinquish setting rules of right and wrong about sex.”

According to Gross (1966), sex education curricula existed in both public and private schools, Gross further reported that through the U.S. Office of Education in 1965, federal funding became active in the support of family-life and sex education programs. The Sex Information and Education Council of the United States (SIECUS) was also established as a voluntary health agency to respond to man's sexuality as a health entity (Calderone, 1966, p.174). Churches also began to assume an active role in sex education

(Paulson, 1962). Mary Calderone, the executive director of SIECUS (1968) summed up the goal of sex education on the radio program "The Catholic Hour." Calderone stated that the goal of sex education was to understand one's self as a sexual person at any stage in life in order that one may be able to deal responsibly and creatively with others as sexual people. This goal paralleled the popular conceptualization of sex education as more than reproduction. Proponents of sex education were open about the need to begin teaching content to children in early elementary school and to involve parents, clergy, educators, and other professionals in the development of curricula (Calderone, 1966; Gross, 1966; Kobler, 1968; Pill and the Pupil, 1967; Sex Education 1968).

Professionals and community activists in the 1960's believed that children and teens needed to learn the anatomy and physiology of reproduction and to explore the dynamics of interpersonal relationships with respect for human values (Collier & Kirkendall, 1968; Frailbert, 1963; Goodman, 1967; Gotthold, 1966; Gross, 1966; Munt, 1967; Pill and the Pupil, 1967). Collier and Kirkendall stated sex education should help people lead better lives.

In spite of all the positive efforts to provide sex education in the late 60's, resistance to sex education in the schools became evident. Zazzaro (1969) stated that school boards were facing an all-out war on their sex education programs. Sex education was labeled as a communist conspiracy and right-wing conservative groups such as the John Birch Society and the Christian Crusade mounted a campaign to dismantle programs (Goodman, 1968; Spock, 1969; Why the Furor Over, 1969; Zazzaro, 1969). Groups sprang up from north to south and from coast to coast. Legislation to end sex education programs was introduced in 15 states and in the U.S. Congress (Goodman, 1969).

Pressure was applied to school boards and to administrators by groups perceived as not interested in improving school programs but in destroying them (Goodman, 1969; Zazzaro, 1969). The controversy created deep and often bitter divisions across the nation (Why the Furor Over, 1969).

The response from liberals who favored sex education was rapid. Benjamin Spock (1969), maintained that this controversy centered more on who should teach sex education not on what should be taught. Goodman (1969) felt that sex education was given too much credit (or blame) for all that goes under that name. He believed that the legitimate concerns of parents for improving programs became transformed into passionate protests threatening the existence of many school sex education curricula. John D. Rockefeller (1969) a major business tycoon wrote “I am amazed that in an area of human behavior that is common to us all, where so much ignorance and secrecy abounds, some people seek to destroy an effort to bring more honesty, understanding, and sensibility.”

Throughout the 1960's, most students were exposed to some form of sex education in the classroom. However, the curricula were not carefully evaluated. School efforts were in an early stage of formation with little or no evaluation of what happened with sex education. It must be argued, then, that the decade of the 60's was not one in which there were strong efforts to reduce teen pregnancy. The best that could be said was that there was a growing realization that there was a need for such programs, and in the foundations for the development of solid programs were under construction.

CHAPTER V: AMERICA IN THE 1970'S

INTRODUCTION

Chapter 1 provided the purpose of this study which was to identify school-related programs that have been successful in reducing teen pregnancy. In Chapter 2, the researcher discussed procedures that were used to explore effective programs from 1950 - 2000. Beginning with Chapter 3, decade literature surrounding teen pregnancy was introduced. Chapter 3 and Chapter 4 dealt with the 1950's and 1960's respectively. Chapter 5 deals specifically with the 1970's.

SPIRIT OF THE DECADE

During the 1970's, the steady climb to more prosperity staggered when the economy took a turn for the worse. The decade brought the highest unemployment rate since 1941 and the deepest drop in industrial production since 1937. As inflation rates soared, the value of the dollar descended to new postwar lows, and suddenly many Americans doubted their ability to provide a better life for their children - a crucial part of the American dream.

Another component of the American dream was the belief that, through hard work and dedication, anyone could become a success in the United States. But as the civil rights movement and the women's movement stressed, African-Americans, other minorities, and women often faced formidable obstacles to success that white males did not. By raising the nation's consciousness, these movements successfully corrected many institutional inequalities, and during the seventies, blacks and women began taking

advantage of the new opportunities that became available to them. But, at the same time, some people saw a disturbing trend developing. Increasingly, special interest groups were making demands on government without concern for, as Nicholas Lemann put it, the *general good*. In other words, American society seemed to be growing more and more fragmented, with each group looking out only for its own interests.

The American family was also fragmenting, as divorces continued to rise. The old ideal of the traditional family, in which father worked, mother stayed home, and marriage meant forever, was losing ground. In addition, the forces that traditionally held marriages together, such as religion and social mores that frowned on divorce, were weakening at the same time that other outside forces were growing more influential. Statistics for marriages and divorces, from 1940-1990, are provided in Table 3.

Table 3. Marriages and Divorces in U. S. 1940-1990

	Marriage	Divorce
Year	Number	Number
1940	1,595,879	264,000
1950	1,667,231	385,144
1960	1,523,000	393,000
1970	2,158,802	708,000
1980	2,406,708	1,182,000
1990	2,448,000	1,195,000

Source: National Center for Health Statistics, National Vital Statistics Reports, Vol.48, No.16, Oct. 18, 2000

The social environment of the “Me Decade” allowed for more personal freedom than ever before, but as the seventies progressed, Americans became more aware of the price of that freedom. Some analysts believe that this explains in part why *Roots* was such a tremendously popular television program, because its emphasis on the importance of family and heritage touched a nerve in a society whose family units were undergoing serious erosion.

As the 70’s came to a close, it left behind a lasting legacy: the Vietnam syndrome; a lingering distrust of government resulting from Watergate; the dangers of depending on foreign oil; and growing disillusionment in general.

The 1970’s were in full swing by the early part of the decade. This was due, in part, to the continuance of the sexual revolution. This had a profound effect on teen pregnancy. Many Americans, especially those on college campuses, were protesting the ills of society. Attitudes concerning authority, politics, the environment, and many traditional American values shifted dramatically during this period. According to Kershon (1993), the radical way of life of the late 60’s seemed to be turning into the mainstream attitude of the early 70’s. This alarmed many Americans, especially those concerned about the issue of teen pregnancy, as numerous teens of the baby boom generation became sexually active and the proportion of babies born to teenage mothers rose.

During this decade, the United States witnessed an overall decline in fertility rates. However, the single exception to this decline was in females under the age of 15. Overall, the proportion of all births outside of marriage was rising (Alan Guttmacher Institute, 1976; Hendrixson, 1979; Moore, Hofferth & Werthemimer, 1979; Mott &

Maxwell, 1981; Wexler, 1979). Births to unmarried women from 1940-1999 are provided in Table 4.

Table 4. Births to Unmarried Women 1940-1999

Year	Number of births to unmarried women	Percent of all births to unmarried women	Birth rate per 1,000 unmarried women 15-44
1999	1,304,594	33.0	43.9
1998	1,293,567	32.8	44.3
1997	1,257,444	32.4	44.0
1996	1,260,306	32.4	44.8
1995	1,253,976	32.2	45.1
1990	1,165,384	28.0	43.8
1980	665,747	18.4	29.4
1970	398,700	10.7	26.4
1960	224,300	5.3	21.6
1950	141,600	4.0	14.1
1940	89,500	3.8	7.1

Source: National Council for Health Statistics, National Vital Statistics Reports, Vol. 48, No. 16, Oct. 18, 2000

The increase in the number of births to younger teens became focused concerns for health and social Services, education and government (Dryfoos & Heisler, 1978; Zabin, Kantner & Zelnik, 1979). These younger birth rates are provided in Table 5.

Table 5. Birth Rates for Teens in United States: Age 14 or Less 1972-1997

Year	Birth Rate (Per 1,000 Women)
1972	5.8
1973	6.1
1974	6.0
1975	6.0
1976	5.7
1977	5.6
1978	5.3
1979	5.5
1980	5.5
1981	5.4
1982	5.6
1983	5.5
1984	5.5
1985	5.5
1986	6.0
1987	6.4
1988	6.7
1989	7.1
1990	7.3
1991	7.2
1992	7.3
1993	7.2
1994	7.1
1995	6.7
1996	6.0

Table 5 Continued

1997	5.4
1998	5.1
1999	4.8

Source: National Center for Health Statistics, March 5, 2001

Other matters troubled Americans during this time. For example, inflation, originally caused by Vietnam War spending, threatened the buying power of the average citizen. At the same time, an energy crisis caused by the Organization of Petroleum Exporting Countries (OPEC) oil embargo of 1973 created the realization among millions of Americans that they were no longer totally in control of their own destiny or of the world economy (Foner, 1997). The Chicago Seven, who represented the sexual revolution to many people, had disrupted the 1968 Democratic Convention, and were brought to trial in 1970. This public trial was extensive and closely followed by many Americans. In 1971, four students at Kent State University died during an anti-Vietnam War protest over the American invasion of Cambodia. War protests continued through 1975 and beyond the end of the war.

Years of turmoil had gripped the nation and Richard M. Nixon, as president, promised to end the turmoil and unite the country. He vowed to bridge the generation gap, the gap between the races, and bring America together. However, in August 1974, Nixon was forced to resign due to the Watergate scandal. He left to his unselected successor, Vice President Gerald R. Ford, a nation in crisis.

The struggling economy was the key issue of Ford's administration. Despite his best intentions, the United States remained a troubled and divided nation, as Americans

went to the polls in 1976. His successor, Democrat James E. Carter, accomplished two significant achievements during his presidency: the Israeli-Egyptian peace treaty and Salt II. However, the near nuclear disaster at Three Mile Island in 1979 typified the difficult 70's, a decade in which every advance harbored a setback and every promise included a threat (Nash, 1999). By the close of the decade, many limits to the Democratic dream still remained. Forty-six percent of America's minority students still attended segregated schools and the divorce rate increased significantly within those 10 years. Some observers state that the decade forced a fundamental change in the American outlook. In no other area can this be seen more clearly than in the area of teen pregnancy.

PERSONAL PERSPECTIVE - TIME AND CIRCUMSTANCE

“I had one bad year - my freshman year - when I did everything from drinking, drugs, older guys, bad crowds, etc., mostly because I was frustrated and unhappy. It just lasted a year, but I am still paying for those past mistakes. No one forgets and it's hard to have to deal with a past you aren't too proud of. I feel as though it will haunt me forever. All kinds of people still come up to my boyfriend and say, I hear your girlfriend drinks, and smokes, and is easy. And things like that. But the worst is probably the fact that every time I have a problem of any kind, I immediately think, maybe if I hadn't done that, everything would be okay.” This explanation was expressed by a young teen in my immediate family. She was pregnant by her sixteenth birthday and by her seventeenth birthday and she had gotten married, given birth, divorced her abusive husband and moved back home.

One of her reflections about the past has been: “If you're drunk or high, you can't make good decisions about sex. Don't do something you might not remember or might truly regret” Her most important reflection, however, has been “I didn't know all the risks of being sexually active, what I knew, I learned from my friends. Someone should have told me.” *Should that “someone” have been her teachers? Should educators involve themselves with sex education?*

OVERVIEW OF TEEN PREGNANCY

The *Roe v. Wade* U.S. Supreme Court decision on January 22, 1973 recognized a woman's constitutional right to choose whether or not to have an abortion prior to what the court termed as “fetal viability.” This decision appeared timely for many Americans, as they believed teen pregnancy had reached epidemic proportions.

The word epidemic as a descriptor was first applied to teen pregnancy in the mid-70's (Alan Guttmacher Institute, 1976). In 1976, there were 21 million teenagers in the U.S. between 15 and 19 years of age and 11 million of these teens were estimated to have had sexual intercourse at least once. Of the 8 million 12 to 14-year-olds, 1.5 million were estimated to have had intercourse (Alan Guttmacher Institute, 1976; Hendrixson, 1979). By the mid-70's, nearly one million teenagers became pregnant annually (Alan Guttmacher Institute, 1976; Hendrixson, 1979; Mott & Maxwell, 1981; U.S. Department of Health, Education, & Welfare, 1977). The Guttmacher Institute and the U.S. Department of Health, Education and Welfare found that about 60% of these teens gave birth, an estimated 27% had therapeutic abortions, and the remainder of the pregnancies ended in miscarriage. There was increasing sexual activity at earlier ages, particularly

among middle and upper class white teens (Cline, 1979; Hendrixson, 1979; Osofsky & Osofsky, 1978; Vinovskis, 1988).

Statistics revealed that illegitimate teen pregnancy and births were difficult to obtain. Illegal status was reported in only 34 states and the District of Columbia (Foster, 1972). Estimates for national rates of illegitimate teen births were made based on the reported numbers and extrapolated to the general population, but even these may not be accurate. According to O'Connor & Moore (1980) teens accounted for about 50% of the unmarried pregnancies and births between the 1950's and the 1970's. Foster (1972) concluded that the actual number of teenage pregnancies remained elusive, however due to non-reporting, marriage prior to birth, abortions, miscarriages, and private adoptions.

In 1978, the existence of an epidemic of teen pregnancy was challenged. In an article in *USA Today*, Kasun (1978) suggested that perhaps family planning special interest groups were using teen pregnancy statistics to garner federal grants and to promote selective population control. In a rebuttal, Lincoln (1978) reiterated the findings of the Alan Guttmacher Institute's 11 Million Teenagers and defended the need to address the serious health, education, and social consequences of teen pregnancy.

During the 70's, there was more openness and growing acceptance of both the pregnant teenager and illegitimate births. The risks and consequences of teen pregnancy and childbearing on teens, their families, and society as a whole were studied and discussed in both professional and popular literature (Alan Guttmacher Institute, 1976; Foltz, Kerman & Jekel, 1972; Furstenberg, 1976; Hoepfner, 1977; Mercer, 1976; Menken, 1972; Moore, Hofferth, & Wertheimer, 1979; Nye, 1978; Osofsky & Osofsky, 1978; Stickle & Paul, 1975; U.S. Department of Health, Education, & Welfare, 1977).

All of these researchers found that many young women dropped out of school due to pregnancy and did not return thus ending their formal education and preparation for the job market. Poverty and welfare dependence in families begun by teenage mothers were described. Adverse effects for teens married prior to age 20 identified factors related to marital stability and family size and spacing. Medical problems such as toxemia, anemia, and complications in labor and delivery were documented more often in the pregnant teenager. Children of teenage mothers were more likely to be premature with greater incidence of prenatal and infant mortality. These children were often described as poorly adjusted with increased social, physical, and cognitive problems. Social issues resulting from teen pregnancy and motherhood such as alienation from peers, lack of support, and increased child abuse and neglect were documented. Pregnant teens were more vulnerable to risk factors because of a variety of developmental circumstances, including physiologic immaturity, economic dependency, poor nutritional status, lack of education, inadequate medical care, political ineffectiveness, and in some cases racial discrimination (Stickle & Paul, 1975, p.91).

The concern over the increasing numbers of pregnant teens and illegitimate teen births resulted in the passage of the federal Adolescent Health, Services, and Pregnancy Prevention and Care Act of 1978 (AHSPPC). The AHSPPC authorized approximately \$60 million in grants for fiscal year '79. The goal of the Act was to establish a program for developing networks of community-based core services to prevent initial and repeat pregnancies among adolescents, to provide care to pregnant adolescents, and to help adolescents become productive independent contributors to family and community life

(Hendrixson, 1979 & Wexler, 1979). However, the funds could not be used to pay for abortions and abortion counseling was not mandated.

In examining the literature of the period, this researcher found that Osofsky's book, *The Pregnant Teenager*, seemed to capture the spirit of the 70's as it related to teen pregnancy.

FACTORS RELATING TO TEEN PREGNANCY

Castleman (1977) discussed teen pregnancy and its relationship to the advent of earlier menarche in young girls and the societal trend toward delayed marriage. A number of factors contributed to the increased occurrence of teen pregnancy. The increase in earlier sexual activity as well as ignorance related to sex and the lack of use and access to contraceptive services were documented (Arehart-Treichel, 1978; Castleman, 1977; Furstenberg, 1977; Hoppner, 1977; Zelnik & Cante, 1977). Teens often did not use birth control, resulting in unintended pregnancies (Castleman, 1977; Moore, Hofferth, & Wertheimer, 1979). Conscious decisions to have sex were often avoided and teen sex was found to occur most often in teenager's homes (Zelnik & Canter, 1977). Fastener (1977) found that increased peer pressure to have sex was also a factor. He concluded that peer groups neutralized restrictive norms and parents provided tacit removal of norms by encouraging concealment of sexual activity.

In many families, because of changes in family structures, dysfunctional families and poor relationships emerged. In such families, teenage girls searched for love and attention, wanting to become pregnant and to love and care for something of their own (Castleman, 1977; Westoff, 1976). Teen fathers were somewhat invisible. Shriver (1978) stated that many teen fathers slipped quickly out of the picture and the babies

become the focus for love. Marriage was not viewed as indispensable or even a desirable condition of a full and ongoing relationship between the sexes (Cousins, 1979, p.8).

According to Arehart-Truchel & Shriver (1978), it was perceived that there was a loosening of family and religious ties and communities were viewed as lacking in jobs, cultural events, and community projects for kids. Media and entertainment, especially film and print, were seen as promoting unrealistic sex and a lack of respect for human emotions and life in general (Castleman, 1977; Cousins, 1979). Societal emphasis on sex and sexual freedom was described with sex designated as the basic selling medium on TV and an environmental status symbol (Arehart-Treichel, 1978; Westoff, 1976).

SOCIETAL VIEWS ON TEEN PREGNANCY - OPTIONS FOR PREGNANT TEENS

There was a sense of urgency bordering on panic about what was thought to be an epidemic of teen pregnancy and unwed motherhood. Norman Cousins (1979) in an editorial in the *Saturday Review* claimed that the grimmest statistic in the U.S. was the birth of almost one million illegitimate babies. In addition, he found the 600,000 births to teen mothers each year equally startling and disturbing. Many believed that the economic costs of the national epidemic of teen pregnancies were catastrophic and the social, moral, and psychological impact on American life and the family an even greater consequence (Alan Guttmacher Institute, 1976; Cline, 1979; Cousins, 1979; Polley, 1979).

Hendrizson (1979) believed many policymakers, administrators, and citizens saw pregnant teenagers as girls who “get themselves pregnant” and should consider themselves lucky to be allowed to continue school as a visible part of society. However,

as the 1970's ended, the needs of adolescents as a group were recognized. Community-based services to help prevent teen pregnancy and to support teen mothers to become productive, independent contributors to family and community life were established. Federal and state legislation as well as state and community programming efforts were evident. From his research, Jekel (1978) supported the establishment of such programs as organized primary prevention programs will probably not cause a major drop in adolescent fertility rates in the absence of considerable economic, social, and attitudinal changes in the society. Polley (1979) also supported the establishment of special clinics and promoted the use of mass media to focus on the problems of teen pregnancy.

Options for many pregnant teens changed in the 1970's. With the change in abortion laws, around 30% of teenagers who became pregnant exercised that choice (Cline, 1979; Marks, 1979; Alan Guttmacher Institute, 1976; Zelnik & Kanter, 1977). Of the teens giving birth, 90% were choosing to keep their babies. Westoff (1976) stated that society was no longer banishing pregnant teens and in fact was supporting them. In 1966, 65% of white girls chose adoption; however, by 1971, only 18% were choosing adoption. The choices for black teenage girls also expanded through the liberalization of abortion and the growing opportunity to adopt a black child.

With the passage of the 26th amendment to the U.S. Constitution, state laws were liberalized to allow unmarried 18-year-olds the right to consent to their own medical care, including contraception (Paul, Pilpe, & Wechsler, 1974). In fact, by 1976, 26 states and the District of Columbia affirmed the right of young people under 18 to give consent for contraceptive care and treatment of venereal disease, and 25 states and the District allowed pregnant girls under 18 to obtain an abortion without parental consent (Green &

Lowe, 1978; Paul, Pilpel, & Wechsler, 1976). Teens who had the capacity to give informed consent were increasingly allowed to consent to all sex-related medical care.

In the late 1960's and early 1970's, changes in the traditional attitude of the U.S. public schools toward pregnant girls became evident (Daniel, 1970; Kirp & Yudof, 1974). Keeping these girls in school increasingly became the focus. There was concern that denying these young women education represented a form of indirect discrimination against illegitimate children and undermined the state's interest in strengthening their ability to care for themselves and their dependents and ultimately minimize welfare demand (Kirp & Yudof, 1974).

Special programs were developed in many geographic regions of the country to meet the educational and family life needs of young unwed girls (Daniel, 1970; Zellman, 1981). There was very little discussion in the literature of the role and needs of teen fathers during this decade. However, the passage of legislation in the 1970's made student pregnancy and parenthood especially significant for schools both legally and programmatically.

The increased attention to civil rights contributed to the passage of Title IX in 1972. These educational amendments contained in Title IX, according to Zellman (1981) specifically prohibited discrimination on the basis of sex in elementary, secondary, and postsecondary schools receiving federal funds. In addition, in 1974 and 1975 sections were added to Title IX to protect the rights of pregnant students in U.S. schools (Hendrixson, 1979; Wexler, 1979). Zellman pointed out, however, that Title IX mandated that pregnant and parenting students could not be excluded from school but required no affirmative action on the part of the schools. School districts, therefore,

could choose to allow pregnant students to attend regular classes or develop separate programs if they were comparable to those offered to non-pregnant students.

In 1973, the National Association of Secondary School Principals (NASSP) stated that the passage of the 26th Amendment, increasing civil rights, and the rapidly changing mores throughout society have activated the long dormant issue of married or non-married pregnant students' rights in schools. The NASSP authored A Legal Memorandum concerning student marriage and pregnancy.

NASSP reported that findings varied in court challenges of school board policy that denied pregnant women access to public school either before or after the birth of their children. Schools frequently used criteria related to morality, health and well being, and disruption to establish policy related to school attendance (Valente, 1980). The courts attempted to evaluate whether such policies were sound. Some felt they were arbitrary because of the harm the mother might do to herself or the harm to others by her presence in school (Kirp & Yudof, 1974; NASSP, 1973; Peterson & Garber, 1972; Valente, 1980). In 1971, a Missouri district court emphasized that attendance at regular scheduled classes was not a privilege but a basic property or personal right not lightly taken away (NASSP, 1973, p. 5). In contrast, however, the U.S. Supreme Court in 1973 declared in *San Antonio Independent School District v. Rodriguez* that education is not a fundamental right or liberty guaranteed by the federal Constitution (Hudgins, 1975). According to Hudgins, this particular decision supported the implementation of alternative educational programs equal to regular programs. In another legal case, a Georgia court upheld the school's rationale that married students and students who had become parents were more precocious than other students and that their presence could

result in disruption of the educational process. This decision again supported the use of alternative education programs for pregnant teens through twelfth grade.

SEX EDUCATION (K-12) EFFECTIVE PROGRAMS TO PREVENT TEEN PREGNANCY

The numbers of adolescents who became pregnant annually and the increase in younger teens delivering babies were triggering debate over the existence and the effectiveness of sex education. According to Pulley (1979) only six states and the District of Columbia mandate sex education, and 60% of school districts in these states ban discussion of birth control. Legal challenges to school sex education programs yielded mixed court decisions. In a Maryland district court, sex education was considered a public health measure, while in New Jersey a superior court ruled that a First Amendment free-exercise violation existed when sex education directly conflicted with parental religious beliefs (Peterson & Garber, 1972). Hoffmann (1977) attributed these mixed results to the fact that as a society the relative rights and responsibilities of parents, of educators, and of youth themselves had not been clearly defined. Gordon (1974) and Scales (1979) expressed the widely supported belief that parents, schools, and the community must share the responsibilities for the development and presentation of effective sex education. In 1971, Reuben wrote:

“Sooner or later everyone in this world gets a sex education. Unfortunately, most people acquire the information they need by on-the-job training and they go through a lot of suffering in the process. The whole idea of sex education is to help people learn what they need to know at the age of fourteen-instead of forty, when most of the mistakes have already been made.”

Discussion continued over the need to define the role and goals of sex education. Inclusion of the physical aspects of reproduction as well as learning to deal more

responsibly with sexuality and the moral issues, values, and choices involved was emphasized (Calderone, 1971; Causes of High', 1978; Gordon, 1974; Hoffman, 1977; Juhasz, 1976; List, 1973; Markham & Jacobson, 1976; Potter & Smith, 1976; Scales, 1979; Shriver, 1977). Support for both sex education and birth control services was evident. Efforts at preventing teen pregnancy were directed toward developing a type of sex education that was more than teaching about reproductive "plumbing." It was believed that a more desirable education of sex incorporated the use of the media to reach teens (Castleman, 1977; Moore, Hofferth & Wertheimer, 1979).

The National Education Association stated that sex education should provide children and youth with information appropriate to their age to insure basic healthy, well-adjusted mental attitudes (Tebbel, 1976). This goal complemented that of the national SIECUS organization. It also complemented the goals of education experts who identified the need for all age groups to understand and act on the personal and interpersonal rights and responsibilities of human sexuality (Flatter & Pietrofesa, 1973; Haughton, 1972; Johnson, 1972; Tebbel, 1976). The concern was that sex education put ideas into children's heads and promoted promiscuity. This was disputed by Miller (1976). He maintained that sex education was not functioning as people had envisioned it. (Breig, 1979; Flatter & Pietrofesa, 1973; Haughton, 1972; Johnson, 1972; Miller, 1976; Potter & Smith, 1976). Conversely, sex education remained controversial both in necessity and effectiveness.

The 1970's represented the culmination of all the periods thus far stated. Within this time frame, many programs to reduce teen pregnancy had been developed and implemented in states and communities around the country. Created under the auspices

of schools, government agencies, churches, private non-profits, and others, and funded by both public and private dollars, these programs were a result of increased national concern about teen pregnancy and a belief that sex education programs could provide American youth with needed information about sexual behavior, contraception, and pregnancy; and a desire to find effective sex education programs and demonstrate their effectiveness through research. At that time, HIV/AIDS was not known, but there was concern about STD's more generally (Kirby, 1994). However, by the close of the 70's, there was still a void in evaluation research in relation to programs that attempted to prevent teen pregnancy.

A major development occurring during this time, though, was the growing acceptance among community leaders, service providers, practitioners, legislators, policymakers, funders, and researchers of the importance of conducting scientific evaluations of the effectiveness of teen pregnancy prevention programs.

CHAPTER VI: AMERICA IN THE 1980'S

INTRODUCTION

Chapter 1 provided the purpose of this study which was to identify school-related programs that have been successful in reducing teen pregnancy. In Chapter 2, the researcher discussed the procedures that were used to explore these programs. Beginning with Chapter 3, decade literature surrounding teen pregnancy was introduced. Chapter 3, Chapter 4, and Chapter 5 dealt with the 1950's, the 1960's, and the 1970's respectively. Chapter 6 deals specifically with the 1980's.

SPIRIT OF THE DECADE

During the 1980's, the United States did not take part in a major war. Conversely, Communism was in decline all over Europe. The recession early in the decade was severe, but the recovery was heartening. The population grew older and more stable. Drug use declined. The Social Security system was rescued from financial oblivion. Space exploration rallied from disaster to pierce the heavens once again. Automakers opened the decade with inefficient, poorly built vehicles and closed it with a series of minivans, sedans, and pickup trucks that were fuel efficient and well-assembled. The federal government pressed for deregulation, and business responded gratefully. But with all this good news, Americans still feared the future (McDonnell, 1995).

According to McDonnell, two distinct visions, opposed on almost every subject, emerged more fully in the 1980's than ever before. The distinctions were sharp because, for the first time since the 1920's, conservatives were in leadership roles and took

advantage of their popularity to press for action on issues that for years had been out of the spotlight.

America's legends are filled with gutsy frontiers people who shrugged off the help of the cavalry to defend themselves as they pushed forward to the "Promised Land." In the eighties, conservatives believed making people more self-sufficient would lower crime rates, cause welfare to dry up, give people a sense of purpose, and reinvigorate the entire country. Many wanted to pry the dependent off welfare - not to be mean but to teach them abruptly to stand on their own two feet. Those who opposed such abrupt action believed government could make a positive difference in peoples' lives. One problem with diminishing the role of government was that dishonest Americans could operate with almost total abandon. As an example, the failure of the federal Securities and Exchange Commission to be watchful played a part in the largest and most costly Wall Street fiasco in history, the 1987 insider stock-trading scandal.

It has been said that religion is to Republicans as race is to Democrats. In other words, each party had a huge, ever-changing problem with which to deal. Big-business oriented, Republican conservatives manipulated religious fundamentalists repeatedly in the 1980's, letting them expend their energy on matters of abortion, pornography, evolution, and prayer in schools in exchange for their votes. This coalition put Ronald Reagan in the White House twice and elected George Bush president next. But scandals among televangelists and outrageous pronouncements on the religious fringe led the more moderate Republicans to wonder about their new friends.

Because they were no longer in power, Democrats were let off the hook for much of the decade where race was concerned. African-Americans were overwhelmingly

Democratic, yet the party continued to try their patience. Two eighties examples proved to be the 1984 and 1988 presidential campaigns of Jesse Jackson. Jackson emphasized equality for all and surrounded himself with people representing every conceivable ethnic and racial group in his Rainbow Coalition. Yet establishment Democrats refused to hear his message, asking instead, what does Jesse want? African-American voters and progressive Democrats knew Jackson wanted a level playing field for all and to be taken seriously as a candidate. How long would African-Americans remain in the Democratic camp under such obtuse leadership?

With an all-volunteer army and no conscription, it was easy for Americans to forget about defense. That proved costly, as contractors took advantage of the fears of conservative Republicans with cost overruns and ceaseless other ways to pry money out of the military. Already out of hand when the decade started, the federal budget deficit went absolutely crazy, paying for \$1 billion aircraft, \$10,000 toilets, and \$1,000 hammers. Between defense and the exploration of space, the evening news regularly showed weapons and missiles misfiring, not firing at all, or exploding when least expected. Neither party had the courage to rein in the idiotic expenditures, despite the fact that like the Berlin Wall, European communism was crumbling and the threat of international war was diminishing (Twentieth Century American History).

Prior to 1980, some experts worried about what Americans might do with excessive amounts of leisure time. That apprehension vanished between 1980 and 1990, as people worked more and more hours and had less discretionary time to themselves. There was a fear among all classes and ideologies that high-paying jobs were disappearing and low-paying jobs were the only kind available. Though unions fell out

of favor, this was one message they got across repeatedly. The message was reinforced by the inability of fresh high school and college graduates to find meaningful work that was rewarding. Besides having less time, a family was more likely to have a grown son or daughter living at home for financial reasons during the eighties.

The media was more accessible than ever during the decade, but that did not make it better. On the contrary, television, radio, and print tried hard to deliver whatever they believed the public wanted. That became lurid, frequently incorrect tales about the rich and famous, confessions of all kinds, and poor imitations of investigative journalism. Carefully researched, probing journalism all but disappeared, resulting in scandals being quite mature by the time the media stumbled upon them. The only new method of investigation proved to be poring over databases, a method of which most professionals wanted no part. Trying hard to improve profits, news operations cut personnel, resulting in worse coverage.

A part of the media, television consolidated its power. Approximately 95 percent of U.S. homes had a television set, and half of those residences subscribed to a cable system. With dozens of channels to choose from, viewers quickly found stations aimed almost exclusively at them. Americans leisure time was bathed in the halo of a Sony, RCA, or Zenith, equipped with remote, which transported viewers from rock music to Rockefeller Center to a rocket launch and back. If the ability to communicate with the family deteriorated, television had to shoulder some of the blame. "Kill your television" bumper stickers were seen on vehicles which may have belonged to people with a broader range of views.

Overall, the 1980's were less openly turbulent than the 1970's had been. Many victories achieved during this time, however, were built on gains that had been made in the 1960's and 1970's. Some groups among women and ethnic minorities were more visible now than ever before. For example, in 1981 Sandra Day O'Connor was appointed as the first woman Supreme Court Justice. She was a proponent of women's rights to abortion and supported civil rights. In 1984, Democrat Geraldine Ferraro became the only woman ever to be selected as a national vice-presidential candidate by one of the major parties. In reference to minority groups, Chicago and New York elected black mayors, the first black astronaut went into space, and Jessie Jackson ran for President.

With the 1980 elections, however, the political environment changed. Republican Ronald Reagan defeated Jimmy Carter in the race for President and the conservative right became influential as the moral majority. Social issues, such as teen pregnancy, became less of a focus and poverty in the U.S. was the highest it had been since 1967. In addition, the homeless population increased as the income gap widened. In 1982, there was a defeat for some women when the Equal Rights Amendment failed to pass due to lack of support.

In global politics, issues related to Middle Eastern tension, the Cold War, and world health problems continued to be centers of concern. For example, the U.S. boycotted the 1980 Olympics as a protest of Russia's invasion of Afghanistan. In 1983, a Marine compound in Beirut was bombed, killing 200 U.S. soldiers. The freeing of American hostages in Iran was soon followed by the Iran-Contra Affair, exposing an arms scandal that violated federal laws. In 1986, President Reagan and Russia's President Gorbachev held a summit followed by unprecedented Soviet political changes

signaling the end of the Cold War. In 1989, the Berlin Wall, the most visible symbol of Communism, fell (Kershon, 1995).

Several events in the 1980's had a lasting impact on the quality of life in America. For example, personal computers were introduced. Issues such as prayer in public schools and laws prohibiting women's rights to abortion presented visible challenges in the justice system. The progression of the space program was tragically impacted when the shuttle Challenger exploded while millions of Americans watched on television. Early in the 80's, the HIV virus was identified as a killer virus among homosexuals and Haitian populations. By 1986, Surgeon General C. Everett Koop, initiated a public campaign against HIV/AIDS stating the silence must end (Kershon, 1995, p. 890). Elected at the end of the decade, President Bush declared a war on drugs in the face of escalating illegal drug use in the U.S. (Kershond, 1995).

PERSONAL PERSPECTIVE - TIME AND CIRCUMSTANCE

Schools were increasingly expected to address social problems that were formerly the province of the family, religious organizations, and social agencies. Understandably, teachers often feel overwhelmed by the prospect of dealing with sexuality, pregnancy, sexual abuse and other complex issues facing young people. Complicating matters further, were teachers' fears that sexuality education curricula are necessarily controversial, that they would incite negative community reaction, and that the majority of parents would disapprove. Since the likelihood of avoiding all controversy when implementing a school-related sex education program was slim the best approach would be to operate with unflagging vigor despite any limitations that may result from controversy.

If teachers know their material, believe in the importance of the program and have clearly defined goals, one of which is the best possible quality of life for their students, then they will be able to comfortably defend those curricular approaches that protect student's health, life, and individuality.

Teens individuality can be seen through the following comments:

"Just because you think that everyone is doing it, doesn't mean they are. Some are, some aren't - and some are lying."

"Sex won't make him yours and a baby won't make him stay."

The teen years should not be about pregnancy, parenting, midnight feedings, and diapers."

"If you think birth control ruins the mood, consider what a pregnancy test will do to it" (RECAAP 2000).

Every twenty-six seconds, another teen gets pregnant and Americans are united in their concern about the high rates of pregnancy in this country. But profound disagreements over how best to combat the problem too often stymie the efforts of parents, community leaders, and others to work together productively. While the adults are arguing about abstinence vs. contraception education, teens are getting pregnant. Once again the question arises, *Should teachers involve themselves with sex education?*

OVERVIEW OF TEEN PREGNANCY

Throughout the 1980's, teen pregnancy continued to be a public concern. Voydanoff & Donnelly (1990) reported that during the 80's over one million or approximately 11 percent of adolescent women became pregnant each year. About half of these pregnancies ended in births, four in ten women chose abortion, and the

remaining pregnancies ended in miscarriage. Two-thirds of the teens giving birth during the 1980's were unmarried. The problems of teen pregnancy and parenthood were described as epidemic and pervasive, with significant social costs and the urgent need to attack the problem (Stengel, 1985).

The number of births among teens remained fairly constant, resulting from the increased number of women in this age group (Vinovskis, 1988; Voydanoff & Donnelly, 1990). The number of births for 12 to 15-year-old girls was less than births to older teens but their increase in fertility was more rapid in the 60's and 70's and showed less of a decline in the 80's (Miller, 1984). The rate of births to unmarried teens of all ages, however, continued to increase into the 80's. When analyzed, the birth rates to single women increased substantially for both white and black teens from 1970 to 1987, however during the 1980's, the rate increase was greater for white teens (Department of Health and Human Services, 1990; Voydanoff & Donnelly, 1990).

Rousseve (1985) discussed the impact of single teen parenthood of black American communities and cited the relevance of the 1965 Moynihan Report that discussed the disintegrating family structure of lower-class blacks. In *Time* magazine, Wallis (1985) described teen pregnancy as the very hub of the U.S. poverty cycle. Problems similar to those in previous decades were identified. Factors such as complications of pregnancy and low birth weight, lower levels of education, poorer job opportunities, less income, and increased dependency on welfare were documented (Compton, Duncan & Hruska, 1987; Voydanof & Donnelly; & Wallis, 1985). Health and pregnancy complications remained prevalent, especially in younger girls and in those teens with preexisting risk factors, such as poverty. Children of teen parents faced higher

risks for pregnant teens choosing marriage, the risk of divorce was significantly increased (Compton, Duncan & Hruska, 1987; Vinovskis, 1988). Out-of-wedlock pregnancy and parenthood, however, were seen by some experts as more healthy than too-early marriage (Lindsay, 1988). With the decline in birth rates, controversy about why there was a decrease emerged between proponents of abstinence and advocates of contraception. This debate was especially significant when considered in conjunction with the concern over AIDS (Levine, 1987).

Comparisons of teen sexual activity and births in the U.S. to other developed nations were made. In 1981, there was a cross-national study of teen pregnancy, birth, and abortion in the United States and other developed countries (Jones, Forrest, Goldman, Henshaw, Lincoln, Rosoff, Westof & Wulf, 1985). The study found that the U.S. teen abortion rate was greater than that of England, France, Canada, Sweden, and the Netherlands. Even with the decline in the U.S. teen birth rate and similarities in teen sexual behaviors, the U.S. teen pregnancy rate remained higher than a majority of other countries (Eldelman, 1987; Jones et al., 1985; Kantrowitz, McDaniel, & Kushman, 1987; Levine, 1987; Voydanoff & Donnelly, 1990).

In 1981, the federal Family Life Act was passed by Congress. Spring (1982) credited the Act's passage to the efforts of the Christian New Right lobby that included the National Association of Evangelicals, National Conference of Catholic Bishops, American Life Lobby, the Kennedy Foundation, and the March of Dimes. Its critics dubbed it the Chastity Bill, as programs authorized, the act emphasized abstinence from premarital sex and encouraged family participation in decisions about sex (McBride, 1988). The Act provided federal funds to public and nonprofit private agencies,

including religious organizations that encouraged sexual abstinence and alternatives to abortion for teenage girls through counseling and education (McBride, 1988; Spring, 1982; Sex not Separation, 1988). In 1988, in response to court challenges of the act, the U.S. Supreme Court upheld its constitutionality and further divided those who believed differently about the role and the relationship of government and religion and efforts to deal with social welfare issues (McBride, 1988; Sex not Separation, 1988).

During the examination of the literature, this research found that Dryfoos' book, *Safe Passage*, best captured the spirit of the 80's as it related to teen pregnancy.

FACTORS RELATING TO TEEN PREGNANCY

The sexual activities of adolescent girls were documented as leveling off in the early 80's but rising again in 1988 (Department of Health & Human Services, 1990). The majority of teen pregnancies were not planned. Fisher's (1983) research on teen's attitudes about sex found that erotophobia or the fear of sex often prevented them from discussing contraception or planning to have sex. When surveyed, teenagers described being swept away by emotion, not planning for sexual activity because it seemed wrong to engage in sex, or being confronted with sexual intercourse before seriously considering its outcomes (Males, 1987). In addition, myths and ignorance about sexuality and pregnancy and inconsistent use of contraception contributed to the unintended consequence of teen pregnancy (Berman, 1983; Compton, Duncan & Hruska, 1987; Levine, 1987; Voydanoff & Donnelly, 1990). Teenagers more often chose their peers to consult about sexual behavior often perpetuating myths and inaccurate information (McClellan, 1987).

Basic factors that increased risky sexual behavior decisions made by teens were identified. Dysfunctional homes, loneliness, and lack of communication and guidance from parents made pregnancy desirable and gave meaning to teens' lives (Berman, 1983; Levine, 1987). Young teens with the fewest resources -- whether economic, social, family, or biologic, were found to initiate sexual activity at younger ages (Boydanoﬀ & Donnelly, 1990). These teens had no educational success or employment aspirations, no future-orientation, and more often there was a sense of worthlessness and despair (McClellan, 1987; Wallis, 1985).

In a 1988 report, the RAND search revealed, from a survey of high-school sophomores, that women who were unwilling to have a baby outside of marriage and expected to continue their education were less likely to become single mothers over the next two years (Unwed Motherhood, 1988, p. 53). Researchers identified characteristics and influences that moderated the risk of teen pregnancy for girls such as self-esteem, personal goals, school peer milieu, personal value system and religious commitment, parental support and home environment, and family income level (Department of Health and Human Services, 1990; Unwed Motherhood, 1988; Weiner, 1987). These factors applied to young black females as well, in spite of statistics that placed them at higher risk for teen pregnancy if they were from single-parent homes (Blake, 1988). In young women who chose to relinquish their children for adoption, traits such as determination, self-confidence, and a future-orientation were described (Folkenber, 1987; Musik, Handler & Downs-Waddill, 1984).

SOCIETAL VIEWS ON TEEN PREGNANCY - OPTIONS FOR PREGNANT TEENS

During the 1980's, researchers began to find that there was less shame associated with teen pregnancy and greater family and community acceptance of unwed mothers (Musik, Handler & Downs-Waddill, 1984; Wallis, 1985). A 1987 national poll of teenagers' opinions on teen pregnancy found that television was ranked the fourth most important source of their information on sexuality (Wattleton, 1988). Television, movies, and print were described as portraying sex appeal as integral to self-worth (McClellan, 1987). Actresses on the screen delivered children outside of marriage tacitly endorsing sex outside of marriage and unwed pregnancies (Wallis, 1985). In contrast, television was also used to combat its own influence. Popular television shows were used to discuss abstinence, to warn teens about the dangers of careless sexuality. Abstinence was discussed where teens were shown the difficult issues surrounding teen pregnancy and parenthood (Lutes, 1986; McClellan, 1987). The Children's Defense Fund produced several radio and television advertisements aimed at educating teenagers about the problems of careless sex (Lutes, 1986, p. 47). Jones et al. (1985) remarked,

“Movies, music, radio and TV tell them that sex is romantic, exciting, titillating; premarital sex and cohabitation are visible ways of life among the adults they see and hear about . . . yet, at the same time, young people get the message that good girls should say no.”

States increased legislation regulating both educational programs and other attempts at reducing teen pregnancy. Some state laws mandated family-life and sex education while others made grandparents financially responsible for the teen and her child (Barron, 1988; Kenney & Orr, 1984; Wallis, 1985). Prevention of teen pregnancy was a common theme and the message of abstinence more apparent. The Children's

Defense Fund sought to educate the public and increase awareness (Edelman, 1987). In addition to prevention, health and education professionals studied the impact of adolescent pregnancy and parenthood on teenagers, their children, and society as often these are adolescents first and parents incidentally and often accidentally (Bierman & Streett, 1982).

There was increased acceptance of the unwed pregnant teen by society in the 1980's and teens who experienced pregnancy had more options from which to choose. During the 1970's, U.S. Supreme Court decisions made it clear that minors do have constitutional rights . . . and extended these rights to protection of minors rights to obtain sex-related health services such as contraception and abortion (Paul & Pilpel, 1979). There were court cases challenging the decision rights of males who fathered illegitimate teen pregnancies (Smith & Kolenda, 1982). However, resolutions for pregnant teenagers were seldom easy and not without trauma (Marks, 1983). Family income remained strongly correlated to the resolution of teen pregnancy to the method by which teen pregnancy problems were solved. Teens with the fewest economic resources were more likely to deliver than abort or adopt and to raise their children as single parents often ending their education and limiting their economic outlook (Zelnik, Canter & Ford, 1981).

There was discussion in the literature of teenage fathers, the forgotten partners (Langway, 1983; Smith & Kolenda, 1982; Stengel, 1985; Whitman, 1988). These young men were seen as ignored and not always guilty of abandoning the pregnant girl. Boys from poor inner city neighborhoods were described as abandoned by their own fathers and left without role models (Whitman, 1988). The behaviors of teenage boys were

studied and new prevention programs to reduce the numbers of pregnant teens were aimed at educating teenage boys (Robinson & Barret, 1985; Smith & Kolenda, 1982). The outcomes for teens who became fathers were similar to teen mothers. They often had lower incomes and less education and their children were at greater developmental risk (Robinson & Barret, 1985; Smith & Kolenda, 1982).

Some researchers noted resistance by teens, families, and communities to adoption (Folkenberg, 1985; Musik, Handler, Downs-Waddill, 1984; Wallis, 1985). In 1983, a steady 20-year downward trend in the number of teens who placed their children for adoption was found (Musik, Handler & Downs-Waddill, 1984). Lindsay (1988) reported that less than five percent of all single pregnant teens chose adoption. This change was attributed to the growth of single-parent families, to the pressure exerted by peers, and to broad acceptance of middle-class values that favored keeping children (Bierman, 1983).

Abortion continued to be a controversial issue. The proportion of adolescent pregnancies terminated by abortion rose from 29% to 41% between the years 1974 and 1980. However, after 1980, the proportion stabilized at 42% (Department of Health and Human Services, 1990). Since that time, approximately 4 of 10 pregnancies ended in abortion (Boydano & Donnelly, 1990). Pro-life groups and pro-choice groups battled over its use and the federal Department of Health and Human Services was in the middle (Abortion, Teen Pregnancy, 1988; Gordon, 1990). The debate about the promotion of abstinence versus the use of contraception and abortion was escalated by 1987 federal regulations restricting abortion counseling or referrals in clinics that received Title X funds (Abortion, Teen Pregnancy, 1988). The laws were viewed by some experts as

discriminatory, primarily impacting poor, minority, or abused teens (Gordon, 1990). States laws to require parental or court permission for minors seeking abortion were challenged on constitutionality and the Supreme Court heard arguments on abortion legislation (Harrington-Lueker, 1990; Kantrowitz, McDaniel & Kushman, 1987). In July of 1989, a U.S. Supreme Court decision gave states broader license to regulate abortion (Harrington-Lueker, 1990, p. 40). Schools found themselves in the middle between the public health issues related to teen pregnancy and the constitutional rights of both teens and their parents (Harrington-Lueker, 1990; Zirkel, 1990).

SEX EDUCATION (K-12) EFFECTIVE PROGRAMS TO PREVENT TEEN PREGNANCY

Schools were described as critical to both prevention and amelioration of the social problem of teen pregnancy (Buie, 1987; Polit & Kahn, 1987). In 1988, the Children's Defense Fund reported that 40% of young women who dropped out of school gave pregnancy or parenthood as the reason (Farrell, 1990). In addition, young teenage women who dropped out of school and were not pregnant often later became pregnant (McClellan, 1987). Polit & Kahn (1987) identified the single best-documented consequence of an early pregnancy {as} a truncated education. In 1987, Compton, Duncan & Hruska stated "teenage pregnancy has such potentially dire consequences for so many people that, in addition to individual responses, school wide responses in the form of policies, programs, and activities are also needed. However, Zellman (1982) found in his research that educational leaders tended to be passive in areas relating to teen pregnancy. Because of this, he stated that public schools became involved in establishing programs for pregnant teens related to more external pressures.

Where and how to educate pregnant teenagers were issues. Schools were called upon to establish innovative programs. A 1986 survey conducted by the Education Research Group identified changes in school system attitudes related to mainstreaming pregnant teens and teen parents (Buie, 1987; Weiner, 1987). Large numbers of the officials believed mainstreaming was positive because alternative settings were often educationally inferior and it was a way to let other students know about the challenges of teen pregnancy and parenthood. There were education and health professionals who disagreed, however, because of unique problems such as isolation and embarrassment experienced by pregnant teens (Buie, 1987; Weiner, 1987). Buie (1987) in his assessment concluded that the most comprehensive and effective programs were established apart from regular schools and mainstreaming was often less practical, more expensive, and more divisive within communities. The arguments against mainstreaming revisited the issues of creating an atmosphere of normalcy or indifference to the problem and actually increasing the numbers of pregnant teens by students' association with pregnant peers (Buie, 1987). The debates over mainstreaming continued into the 1990's about where these girls should go to school and what impact they had on the behaviors of other students. School board policies and solutions most often mirrored the values and beliefs of the communities that they served.

The focus of sex education broadened throughout the 80's. Kenney & Orr (1984) stated that sex education had two great advantages for preventing unintended teen pregnancies in that it can reach all young people before they become sexually active, and information can be provided to them at relatively low cost through the schools and other delivery systems. The existence of support for sex education programs was demonstrated

by public surveys conducted in 1981 and 1982 that found positive support by 75% to 82% of adult respondents (Kenny & Orr). In a 1986 survey of school officials by the Educational Research Group found that people were beginning to believe that sex education was a tool to prevent unwanted teen pregnancy (Weiner, 1987). However, educators expressed a general belief that there was no one right program to reduce teen pregnancy (Buy, 1987; Weiner, 1987). In addition, Weiner and Kenney & Orr stated there was no research available to assess the effectiveness of sex education programs. Controversy related to the outcomes of sex education continued to exist (Finke & Finke, 1985). Some wondered if sex education would prevent unwanted pregnancy and venereal disease or if it would promote sexual activity. One John Hopkins University researcher found from analyzing national data on 2000 teenage girls that formal sex education did not consistently increase the probability of teen sexual activity (Weiner, 1987).

In the 1980's, there was a push to validate the effectiveness of sex education programs in preventing teen pregnancy. Such data were needed to quell the debate over whether sex education curtailed or promoted teen sexual activity and pregnancy. Public surveys found support for sex education and a national survey of school officials demonstrated their belief that sex education reduced teen pregnancy (Kirby, 1994). No one believed, at that time, that there was one right program and there was little research available on program effectiveness. There was a consensus, however, that sex education needed to be a collaborative activity between parents, educators, health care providers, church leaders, and other community leaders. In addition, successful programs focused on giving teens a reason not to become pregnant through increased self-esteem and the

development of a variety of life skills. As the 80's continued, school-based health clinics were more widely instituted. School administrators, however, were divided on whether these clinics should provide education only or education as well as contraception. This debate intensified with the rise of HIV/AIDS. This intensity directly affected broad-based community policy (Kirby, 1994).

Schools studied what worked to educate teens and prevent pregnancy. The Children's Defense Fund (CDF) reported that sex-education courses in many high schools were neither timely nor adequate (Buie, 1987; Levine, 1987). Barron (1988) agreed with this and found that effective programs began family-life education early in elementary school. The need for schools, social service agencies, health care providers, parents and community leaders to develop effective programs to deal positively with teen sexuality and pregnancy was consistently identified (Buie, 1987; Kenney & Orr, 1984; Masland, 1985; McClellan, 1987). Scales (1990) agreed that a collaborative approach was needed and that the impact of school instruction alone on sexual behavior was not sufficient. Marian Wright Edelman (1987) of the CDF identified five key areas on which to focus teen pregnancy prevention programs. These included providing opportunities for success; building academic skills; building work-related skills; providing family-life education; and providing comprehensive adolescent health services. These guidelines and ways for persons interested in helping to prevent teen pregnancy were disseminated in the popular press such as *Glamour* (Get Involved, 1986) and *Ebony* (Edelman, 1987).

Sex education programs in this period showed marked differences than in previous times. Family-life programs focused primarily on prevention rather than education and support for those teens already pregnant or parenting. One advocate of

such programs was Wattleton (1989). He maintained that the common sense approach to the issue of teen pregnancy was to focus on basic elements of pregnancy prevention. The role of parents was stressed as well as the incorporation of family-life education into every school district at every level. School-based health clinics were believed to be effective in improving students health, impacting sexual behavior and preventing pregnancy but had limited research to support these claims (Dryfoos, 1985; Levine, 1987).

School administrators were divided on whether school clinics should provide birth control, reflecting the opinions of society at large (Weiner, 1987). More than half of the school officials in the 1986 Educational Research Group survey favored providing birth control as part of comprehensive school-based services, yet 96 percent of the nation's school districts did not (Buy, 1987). The difference in what administrators thought and what they did was related to their lack of desire to take on such a controversial subject (Buy, 1987; Gordon, 1985; Bellman, 1982). According to Gordon (1985) and Levine (1987) successful programs focused on giving teens a reason not to become pregnant by increasing their interpersonal and decision making skills as well as their sense of responsibility, competence, and self-esteem.

SUMMARY OF EVALUATION EFFORTS

By the end of the 1980's only a few studies measured the impact of sex education programs. Of those studies there were still fewer which purported to measure impact upon teen's sexual and contraceptive behavior. Since this was the very behavior these programs were designed to change, this was a glaring omission. One of the exceptions was the Center for Health Promotion and Education (the forerunner of the Division of

Adolescent and School Health) at the Centers for Disease Control (CDC). The Center funded a group to measure the impact of sex education programs on student attitudes and behavior. Many people stated at that time that such measurement could not be done (Kirby, 1989).

According to Kirby (1989) the criticism almost succeeded. People opposed using taxpayer dollars in this manner. They obtained copies of proposed questionnaires, selected questions about attitudes and behavior that they felt were particularly egregious, and sent them with a highly critical cover letter to every Congressperson in Washington. Shortly thereafter, the Center received a Congressional inquiry, then another, and many more after that. In spite of the inquiries, the Center, and CDC more generally, remained committed to the study and resisted the pressure to terminate the study or to abstain from measuring sexual behavior.

Though there was a concerted effort to evaluate sex education programs in the 1980's, there was little success in doing so. There were several reasons for this according to the National Council to Prevent Teen Pregnancy:

(1) Many studies did not have a sufficiently large sample size to find program effects to be statistically significant, when in fact, they were programmatically important. Therefore, there were some programs which had important effects upon the behavior of youth, but these programs were incorrectly found to be effective when the studies employed sample sizes that were too small to find those effects to be significant.

(2) There were few studies, especially those in schools, that used experimental designs with random assignment. People often believed that it was both ethically

improper and administratively unfeasible to randomly assign individual youth, classrooms of youth, or entire schools to treatment and control groups.

The research field learned several things that moderated this view. One thing learned was the realization that many standard programs did not have a marked impact upon behavior. Because of this, researchers became more comfortable comparing a new intervention with the standard intervention instead of comparing a new intervention with nothing at all. This made random assignment less ethically challenging and more administratively feasible.

A second learning was that the 80's research did not bring about strong program evaluations was the length of time programs were measured. Most studies measured only the short-term effects of programs. Some studies used a simple pretest/posttest design with the posttest data collected immediately after the end of the program. A few studies measured three-month or six-month data. Only rarely did studies track youth from one school year to the next.

Subsequently, three changes increased the researchers motivation and their ability to track youth for longer periods of time:

- * Researchers more fully recognized the greater importance of long-term effects versus short-term effects. If a program had an impact on teen behavior for only a few weeks, then that program would not have much of an impact on the many teen years prior to marriage.

- * If a program is designed to delay the initiation of sex, then youth must be tracked for many months (e.g., 12 to 24 months) to determine whether fewer youth in the intervention group initiate sex than in the comparison group. After only a few months,

few youth in the control group would have initiated sex and it was impossible for the intervention group to do significantly better.

* Researchers developed a variety of techniques that enabled them to track large percentages of youth for longer periods of time.

(3) Less sophisticated and less sensitive statistical tests were another reason for weak findings. Data often violated important assumptions required by statistical tests, and the tests lacked validity. Studies that assigned clusters of students rather than individual students should have used multi-level statistics, but typically did not. Thus, the analyses, both the tests of significance and the estimates of other parameters, were biased by unknown amounts, and some of the conclusions were incorrect.

(4) Improper reporting of results was the final reason for lack of reliable evaluations. In the 80's, researchers more often measured the impact of a program on numerous outcomes, and then somewhat selectively reported those findings that were positive. Such reporting helped build the case that a program was effective. But such reporting was also biased. Sometimes this was more blatant; sometimes it was subtler. For example, if there were multiple ways of recording that these results properly captured the true impact of the program.

Though the 80's provided attempts at reliable evaluation of sex education programs, it was several years before researchers were able to accurately report on teen pregnancy prevention efforts.

CHAPTER VII: AMERICA IN THE 1990'S

INTRODUCTION

Chapter 1 provided the purpose of this study, which was to identify school-related programs that have been successful in reducing teen pregnancy. In Chapter 2, the researcher discussed the procedures that were used to explore these programs. Beginning with Chapter 3, decade literature surrounding teen pregnancy was introduced. Chapters 3 through 6 dealt with the 1950's through the 1980's, respectively. Chapter 7 deals specifically with the 1990's.

SPIRIT OF THE DECADE

In the late 1980's and early 1990's, the children of the baby boomers were coming of age. Born of the first generation to have the birth control pill, they were a much smaller group than their parent's generation, and many had divorced or unmarried parents. Sociologists called them Generation X, an unknown factor yet to make their mark on society.

They had grown up surrounded by images of designer clothes, fancy cuisine, and high tech entertainment, but they often lacked the nuclear family that had provided a more solid emotional base for their parents generation. They had fewer siblings and being a smaller group than their parents, found that society did not revolve around their consumer needs as intensely as it had for the baby boom generation.

In addition, unlike their parent's generation, there were more males than females under twenty-four years of age. This meant that young men would compete more for

women when dating, raising families, and maintaining marriages. Baby boomer women had outnumbered men, and this may have contributed to the rise in feminism in the sixties. It remained to be seen what kind of impact Generation X, raised in an era of greater equality between the sexes, would have on gender politics in the future.

This generation was coming of age at a time when manufacturing jobs were in jeopardy and higher education was increasingly expensive but necessary in the technologically advanced, highly competitive job market. In addition, Generation X's parents were less financially able to take early retirement and make room for the next group in the workplace than were previous generations.

With fewer children being born in the nation, the population as a whole was getting older. By the nineties, the impact of an aging population could be felt on standards of living. The cost of health care increased, and the amount the federal government paid out to Social Security and Medicare recipients continued to grow at great expense to the nation. This trend was expected to continue after the turn of the century, as an increased life expectancy would combine with the aging of the large baby boom generation. In 1990, the number of nursing home residents was two million, but this was expected to more than double to over five million in the next fifty years. In the eighties, the tax rebellion of people beyond their child-rearing years - the parents and grandparents of the baby boomer generation - had led to fewer dollars for education and welfare, which often meant substandard schools and fewer social services at a time when the number of children in poverty was growing. While the aging baby boom generation may be more generous than their parents and grandparents when it comes to a willingness to pay for education and social services for the children of Generation X, their ability to

pay may be compromised by the state of the economy and the status of baby boomer retirement plans. The national Social Security fund, which pays money to retirees, may be out of money by the time baby boomers retire. In addition they will have fewer children to rely on for financial and physical support in their old age.

In too many American homes, the sanctity of life was not honored. This, however, was not a rallying issue for Americans. Rather, the sacredness of unborn life was seen by some as something for which to fight and even, ironically, to kill. It was the religious right that fought hardest against women's right to choose abortion or not, having received much support from conservative presidents Reagan and Bush and from the Republican party in the eighties and early nineties. Like those who favored prohibition of liquor in the twenties, antiabortionists wanted to legislate morality, using their religious tenet that the soul enters the body at conception and insisting that all women abide by their beliefs.

As this pro-life movement became more militant, abortion threatened to become as divisive an issue in the nineties as the Vietnam War had been in the sixties. Half of the 281 abortion clinics polled reported violence against them in the first seven months of 1993. Then, in the winter of early 1993, the pro-life forces lost some credibility when an antiabortion activist killed Dr. David Gunn. Dr. Gunn, who had performed abortions in Florida, had been pictured on wanted posters by antiabortion activists, who were now seen as extremists. Then, the following November, the Senate voted decisively for a federal law to prohibit bombings, blockades, arson, shootings, or threats of violence against doctors and nurses who perform abortions at clinics.

The religious right lost more ground on the abortion debate after Clinton appointed Dr. Jocelyn Elders as surgeon general. A strong birth control and pro-choice advocate, she was particularly concerned about teens having children. The daughter of a sharecropper, she cautioned teens:

“If you’re poor and ignorant, with a child, you’re a slave. Meaning that you’re never going to get out of it. These women are in bondage to a kind of slavery that the 13th amendment just didn’t deal with.”

Clinton’s appointment of Ruth Bader Ginsburg as Supreme Court justice also advanced the pro-choice cause. A life-long advocate for women’s rights, she explained, Women will have truly equal opportunity when men accept responsibility for raising children to the same extent that women do.

Social and economic problems that had seemed relatively unimportant in the eighties began to magnify in the nineties. Suddenly, many things seemed broken, from the economy to social services, from a public threatened by crime to a national government that seemed strangled by its own bureaucracy. In spite of their often stated intention to reduce the role of government and streamline their operations, the Reagan and Bush Republican years actually saw an increase in the government bureaucracy, its rules, and its expenses. At the same time, isolated but dramatic incidents of terrorism, riots, bank failures, natural disasters, and increased crime were hailed as wake-up calls to Americans. The alarm clock was ringing. Elected officials were beginning to realize that it was time to wake up and get moving or be voted out of office.

Congress, still suffering from the gridlock that made President Bush repeatedly veto congressional legislation, was seen as unproductive at a time when so much needed

to be done. People, tired of the poor results that came from government as usual, began to demand real answers and real change.

This final decade of the 20th century encompassed what Americans dubbed as Generation X. This generation has been described by some as self-absorbed slackers (Levine & Cureton, 1998). One reason for this was the importance of technology in the development of youth as modern transportation and media created a smaller world and broadened the scope of human experiences. The technology related to media blatantly presented sexual activity in a form that made it readily available for young people. This attention to sex created major concern for those interested in reducing the number of unwanted teen pregnancies. It was during the 1990's that teen pregnancy and parenting were presented as a problematic yet real way of life in the United States.

Other problematic ways of life entered America on a global scale. For economic and humanitarian reasons, the United States was involved in several military operations during this time. For example, in the early 90's, the Iraqi army invaded Kuwait initiating U.S. involvement in Operation Desert Shield and Operation Desert Storm (Chronicle of America, 1995). Additionally in 1999, the United States, as part of NATO, participated in the bombing of Yugoslavia. Events such as these brought about intense response from the American public as many worried about their future.

The 1990's brought new opportunities to Americans. Many of these involved women and minorities who made substantial gains. For example, Thurgood Marshall, the first black man to be appointed to the United States Supreme Court, retired in 1991 after 24 years on the bench. Another black justice, Clarence Thomas was nominated and

seated on the U.S. Supreme Court. Additionally, for the first time in history, a woman commanded a U.S. space shuttle mission in 1999.

While the trend for opportunities continued, others ceased. For example, in the 1990's a majority of pregnant girls chose to give birth as unmarried teens. Approximately 96 percent of those teens kept their babies (Alan Guttmacher, 1994; Sobol & Daly, 1992). One reason for this was that most Americans accepted out-of-wedlock births as a sign of the times. Not surprisingly, during this decade, the issue of abortion and adolescent childbearing continued to be controversial. This was due in part, because the United States, as a whole, had been plagued by societal conditions such as HIV/AIDS. AIDS was no longer looked at as an isolated disease but was seen as a threat to everyone. AIDS was not the only disturbing news of this decade. Growing poverty, crime, urban disarray, rural isolation, limits on employment opportunities, and racial enmity also plagued Americans (Dryfoos, 1998, p. 4).

Acts of group and individual terrorism also directly impacted the United States during the 1990's. Americans were killed during bombings of foreign military bases and within the U.S. at the World Trade Center and the Oklahoma City federal building. The uncontrolled rage of customers, employees, and students resulted in unpredictable shooting sprees and deaths in homes, schools, and workplaces (Kershon, 1995).

A refocus on social issues such as health care and education came about during the Clinton Presidency of 1992-2000. For many Americans, this refocus increased the economic strength of the government and the population as a whole. A refocus on teen pregnancy prevention also occurred during this time. This concerted effort was damaged, however, through innuendo and ongoing scandals within the U.S. Administration. For

example, President Clinton lied to the public about his sexual misconduct. During his term, he was a participant in oral sex but maintained that his actions were not sexual. This stance sent a mixed message to America's young people. It led many to believe that if it wasn't wrong for President Clinton, then it wasn't wrong for them. In 1999, the U. S. House of Representatives initiated impeachment proceedings against President Clinton but the President did not leave office until his term ended.

As the century ended, historians reflected upon both the significant advancements made in the United States and the concurrent social turmoil that seemed to mark its close. According to writers of the period, gross economic inequality, crumbling school systems, widespread functional illiteracy, violent crime, apathy, and cynicism were characteristic of the decade (Berman, 2000). Dryfoos (1998) concluded:

“It is difficult to capture the mood of the country as we enter the twenty-first century. I often feel we are sitting atop the vast fault of a trembling earthquake. We don't know how to move away from the fault, nor have we made plans to deal with the consequences of the earthquake that will inevitably change the configuration of our society.”

PERSONAL PERSPECTIVE – 1990'S - TIME AND CIRCUMSTANCE

I have long been a supporter of positive messages for youth. I have learned that it is important to lift them up and tell them the truth. In fact, not to tell them about the consequences of risk-taking sexual activities is both insensitive and unfair. Teachers have the unique opportunity and ability to reach young people in a meaningful way with messages that can save their lives. This raises an important question. What messages are they now getting? It appears that the vast majority is receiving at least basic sexuality education information, though questions remain about the quality of this instruction as

well as coverage of important topics such as condom use. It's true that the current sex education curriculum taught in many schools has not worked as well as stakeholders would want it to. But there are several reasons for this. One reason is that sex education is still so controversial that we don't have enough adequately funded programs to give sufficient information to kids. Young people *need more than* just technical information. They also need the opportunity to discuss how to have safe sex, and they need access to tools that'll keep them healthy, such as condoms.

America's young people must find their way to sexual health. In our world of contradictions, the media is screaming Always say yes, the adults are stating say no, but the majority of us Just say Nothing!

I agree with the following statement, borrowed from *Rites of Passage*:

“It's time for society to accept the reality of young peoples lives, and to concentrate on giving teens the information, guidance and services they need - both to withstand pressure from their peers and the media to have sex too soon, and to have healthy, responsible and mutually protective relationships when they do become sexually active.”

I maintain that *someone* needs to teach preteens and teens how to respect their bodies. Young people need to think and plan for their sexual health by considering the following:

(1) What steps will they need to take to abstain from sex until marriage? Is that what they want?

(2) Are they already sexually active? If so, give them resources and information to plan steps they can take to protect themselves from pregnancy and STDs.

(3) Tell them where they can go to be treated if they already have an STD and what kind of precautions are necessary to keep from transferring this to a partner or, for that matter, precautions they should take to keep from getting another STD.

(4) If they plan on having children in the future, they need to know that STD's can cause sterilizing both men and women.

In other words, America's young people need sex information that sorts fact from fiction. It is my hope that schools can become an effective resource for young people who do not have the knowledge they should be growing up with.

OVERVIEW OF TEEN PREGNANCY

The numbers of unwed teens becoming pregnant during the 1990's changed from approximately one million a year in the early 90's to approximately 880,000 by 1996 (Alan Guttmacher, 1994, 1999; Maynard, 1997; Ventura, Martin & Dunn, 1993). In 1991, the birth rate for 15-17 year olds was the highest since 1972 (Kleman, 1993). After reaching a peak birth rate of 62.1 births per 1000 15-19 year-old women in 1992, a downward trend in both pregnancy and birth rates began in 1993 (Alan Guttmacher Institute, 1999). The birth rate in 1996 for single teens ages 15-19 was 54.4 births per 1000 women (U.S. Bureau of the Census, 1998). The birth rate was 8% higher than the 1986 rate but 16% lower than the peak rate reached in 1992 (Alan Guttmacher, 1999; Ventura, Matthews & Curtin, 1998). Maynard reported that of the teenage girls who become pregnant a third of these teens abort their pregnancies, 14 percent miscarry, and 52 percent bear children, 72 percent of them out of wedlock (p. 1).

In the face of these declining rates, the U.S. teen pregnancy rate remained one of the highest among developed countries and was twice as high as England and three times

that of Sweden (Alan Guttmacher, 1994; Maynard, 1997). In one explanation for these differences, Scott-Jones (1993) described comparison countries as having a more equitable distribution of income, more extensive benefits in such areas as health and unemployment, and more widely available sex education, contraceptives, and abortion services.

Caldas (1994) believed that the decreasing birth rate and increasing age of first marriage since 1970 are in many ways indicative . . . {that} most women now need to work outside the home in order to adequately provide for themselves and their families (p. 403). Teenage pregnancy then places teens at greater risk, as they are less likely to be married, less well-educated, and less economically successful in later life (Caldas, 1994; Emihovich & Fromme, 1998).

The differences in risks and approaches to teen pregnancy for older and younger teenagers were more clearly described in the research. According to researchers, older teens need access to reproductive health services and more realistic sexuality education that discusses adult role modeling and values (Hardy & Zabin, 1991; Males, 1998; Scott-Jones, 1993). The medical risks of older pregnant teens can be diminished with adequate nutrition and good prenatal care (Scott-Jones, 1993). Teens younger than 16 who become pregnant are more likely to be sexually abused in poor home environments, and less mature in their ability for risk assessment (Hardy & Zabin, 1991; Males, 1998; Scott-Jones, 1993). These teens have poorer pregnancy outcomes and their babies are at increased risk for low birth weight, neonatal mortality, childhood health problems, and poor school performance (Alan Guttmacher, 1994; Maynard, 1997; Scott-Jones, 1993).

Pregnancy complications in young teenagers are often directly related to poverty and poor prenatal care as well as their age (Klerman, 1993).

Government and public discussions have focused on the social and economic costs of teen pregnancy and its impact on welfare (Maynard, 1997; Teen Moms Cost, 1994). In testimony before Congress in May of 1992, then Surgeon General Jocelyn Elders stated that the government spent \$34 billion on Aid to Families with Dependent Children, Medicaid, and food stamps for families begun by adolescent parents, up \$9 million since 1990 (Teen Moms Cost 1994). In 1996, President Clinton signed welfare reform legislation.

The author who best captured this decade as it relates to teen pregnancy prevention was Douglas Kirby. Working with the National Council to Prevent Teen Pregnancy's task force, Kirby and associates have published numerous articles and reports on prevention efforts. For example, *No Easy Answers* and *Emerging Answers*. Kirby's twenty years of research has provided valuable information for all stakeholders working to reduce teen pregnancy.

FACTORS RELATING TO TEEN PREGNANCY

A variety of risk factors that led to early sexual activity and teen pregnancy in the 1990's have been identified. These include growing up in single-parent families, living in poverty, lacking an attachment to and poor performance in school, and having parents with low educational performance. Other factors such as the high rate of divorce, being a child of a teen mother, or being a sibling of a childbearing teen, place girls of all races and socioeconomic levels at risk for teen pregnancy (East, 1998; Emihovich & Fromme, 1998). Younger siblings of childbearing teens have been found to be more tolerant of

nonmarital sexual activity, more likely to adopt similar pessimistic views of school and future career options, and more willing to accept the fact that significant life-course transitions (e.g., having a baby) can occur at earlier ages (Emihovich & Fromme, 1998).

Sexual behaviors of adults have also influenced the sexual behaviors of teens (Caldas, 1994; Emihovich & Fromme, 1998; Hobbie, 1993; Males, 1998). This has been shown through past research. From 1940-1990, the correlation of annual birth, abortion, and sexually transmitted disease rates of women older than 20 with those among teenage females are statistically significant and reflect the same changes in sexual behaviors and outcomes for both groups (Males, 1993). In addition, the upward trend of adolescent pregnancy and births in the 90's paralleled a rise in homicides, suicides, and violent deaths among youth (Hardy & Zabin, 1991; Klerman, 1993). These authors hypothesized that these trends may be part of a frustration with the way life was going for young people and resulted from problems of high prevalence in poor and socially disadvantaged areas.

Polls and surveys have been used to explore causes and examine issues surrounding teen pregnancy. The Kaiser Family Foundation (Princeton Survey Research Associates, 1996) surveyed 1,000 American teens about why teenagers have unplanned pregnancies. Sixty-two percent of the teens stated that teens do not think they will get pregnant, while 55 percent stated that teens have sex when they are drunk or on drugs. In a 1997 Parade survey, slightly over 60% of the teens responding believed that lack of parental attention and supervision as well as lack of knowledge about contraceptives or the facts of life are risk factors for unplanned pregnancy. Thirty-six percent of this group believed some teens become pregnant because they want to feel loved and to have

someone to call their own. Eighty-three percent of those surveyed said that boys pressured girls to have sex. Both in the Parade survey and in a U.S. News & World Report poll (Princeton Survey Research Associates, 1996) more than half of the teens responding stated that movies and television influenced them to have sex before they were ready.

The media was another factor relating to teen pregnancy as conflicting messages were delivered to American teens. Print media, films, television, and music promoted the value of sex and sexiness yet the messages from home, school, and church were that premarital sex was bad and good girls should say no (Caldas, 1994; Cohen, 1994).

SOCIETAL VIEWS ON TEEN PREGNANCY - OPTIONS FOR PREGNANT TEENS

During the 1990's, an overwhelming majority of adults and teens stated that teens should not be sexually active but those who were should have access to contraception, according to a 2001 survey by the Campaign to Prevent Teen Pregnancy. However, some Americans maintain an abstinence-only approach. For this group of Americans, advocating abstinence while also providing teens with information about contraception was a mixed message and could encourage sexual risk-taking behavior in teens.

Other issues surrounding teen pregnancy remained controversial throughout the 90's such as abortion and teen childbearing. According to Guttmacher, 1994 & Maynard, 1997, one in three teens chose abortion over giving birth. By the late 1990's, however, abortion as a contraceptive choice was given tighter regulation. During that time, twenty-nine states had mandatory parental involvement laws in effect for minors seeking abortions (Guttmacher, 1998).

Options for fathers of pregnant teens during this time were influenced by three efforts. One was to penalize teen fathers, another was to mandate compulsory child support, and the third was to do both. One factor that led to this approach was the result of research data on the age of males who are fathers in teen pregnancies. In a California study, Males (1993) concluded that adults, not peers, were fathers in most school-age children. Additionally, he reported that the younger the pregnant teen, the older the father of pregnancy. Birth records reviewed from other states verified that age differentials do exist and research demonstrate that almost 40 percent of the partners of teenage women are 3-5 years older (Alan Guttmacher, 1994; Males, 1993). The 1996 federal welfare legislation addressed statutory rape and since that time many states have begun to enforce statutory rape laws as a deterrent to older, predatory males impregnating young teenage girls (Males, 1998).

There were more options available for pregnant teens in the 1990's as opposed to earlier decades. For example, being pregnant in the 90's as an unmarried teen did not automatically result in dropping out of school. School districts, however, could still choose to use alternative sites or mainstream those students into regular school settings. The debate continued about the value and effectiveness of alternative school programs versus regular classroom for pregnant teens. While some adults expressed concern that pregnant girls would be a bad influence, research has not demonstrated that their presence increased pregnancy rates among peers (Emihovich & Herrington, 1997).

SEX EDUCATION (K-12) EFFECTIVE SCHOOL-RELATED PROGRAMS

By the 1990's, school related sex education programs had generally fallen into two types with district separated goals, and yet a few shared goals. These program types are provided in Table 6. One type focused on abstinence only.

Table 6. Societal Views on Sex Education: Separate and Shared Goals

Separate Goals	
Abstinence Only	Abstinence-Plus (Sexuality Education)
Emphasize values founded in traditional Religious beliefs – parents should be primary teachers of values	Emphasize values along with reliable data on teen's sexual experiences
Sex outside marriage is immoral – provides no information on contraception or STD prevention	Sex is a reality for most young people. It is irresponsible not to provide youth with information about contraception and STD prevention
Worry about young people being exposed to open discussion of pre-marital sex and topics such as abortion and homosexuality	Argue that sensitive topics need to be discussed so that all young people can understand how to protect themselves

Shared Goals	
❖	Reduction of STD's
❖	Reduction of Unplanned Pregnancies Among Young

The other type incorporated the discussion of abstinence with the inclusion of contraceptive information (Emihovich & Fromme, 1998). Several authors have stated the need to integrate developmentally appropriate holistic human sexuality into the total K-12 instructional curriculum (Caldas, 1994; Emihovich & Fromme, 1998; Ferguson, 1997; Hobbie, 1993; Males, 1998). This would mean that age-appropriate materials would be provided at each grade level and would include a focus on the social and emotional needs of youth. One aspect of this developmental appropriateness has been the adaptation of sex education goals based on cultural beliefs and attitudes about sexuality and teen pregnancy that have been relevant in 1990's America (Irvine, 1995; Rhode, 1993; Scott-Jones, 1993). As a result, several new approaches to the problem of teen pregnancy emerged in the 1990's.

In a 1999 report, the National Campaign to Prevent Teen Pregnancy described America's most recent attempts to reduce teen pregnancy. Many schools and communities have rallied around the call for a return to the old days when abstinence until marriage was the expectation and the norm. Proponents of the abstinence-only approach gave two primary reasons for the correctness of their approach: first, it is immoral to have sex outside marriage; second, abstinence is the most effective way to prevent both pregnancy and STDs.

A recent study conducted by the Alan Outmatched Institute revealed that public school teachers had reported a marked increase on abstinence-only instruction during the 1990's. The Institutes study also reported that abstinence, correct condom use, and how to resist peer pressure to have intercourse was being taught to children of younger ages than they were a decade ago. Moreover, compared to the 1980's, instruction in all grades

had been such that teachers were less likely in the 90's to cover such topics as birth control, abortion, how to obtain contraceptive and STD services, and sexual orientation. This was due, in part, to the political arena that has always surrounded teen pregnancy.

In addition to a renewed focus on pregnancy prevention efforts, the 90's also witnessed a positive view of teen sexuality. Some schools and communities attempted to refocus the issue of teen pregnancy away from the prevailing problem or disease model toward the more positive challenge of how a nation teaches its children what healthy and responsible sex means in the teen years.

Most STD/HIV/AIDS prevention programs have been implemented in what is perceived as epidemics of AIDS and sexually transmitted diseases. Several of these programs are aimed at preventing not only STD/HIV/AIDS but pregnancy as well. The target populations for these programs vary. Some are aimed at the general youth population and stress the importance of abstaining from sex or using STD protection such as condoms, when having sex. Other STD/HIV/AIDS prevention programs are designed for high-risk, sexually active populations of America's youth. Among these, most experts include homosexual and bisexual population, runaways, drug-abusers, and incarcerated teens. These programs focus on safer sex, teaching teens how to assess the riskiness of their sex-related behaviors and then lower such risk levels.

SUMMARY OF EVALUATION EFFORTS

The 1990's introduced more teen pregnancy prevention programs and expanded programs than earlier decades. Due to the fact that societal as well as individual factors bring about teen pregnancy, many communities have initiated community-based programs aimed at preventing teen pregnancy. These efforts focused on the larger social issues that surrounded teen pregnancy. Collaborative programs among schools, community groups, and family planning clinics were being established to coordinate these efforts within the community. The Centers for Disease Control and Prevention (CDC) awarded cooperative agreements to 13 community-wide coalition partnership programs to demonstrate that community partners, in communities with a population of 200,000 or more, can mobilize and organize community resources in support of community-wide, comprehensive, risk-specific, effective, and sustainable programs for the prevention of initial and repeat teen pregnancies.

Youth development programs were made available for some of America's youth. These programs include components that go beyond teaching abstinence or contraception (e.g., academic remediation, job training), and have goals that go beyond preventing teen pregnancy (e.g., increasing rates of graduation from high school, enhancing post-graduation employment opportunities). The relationship of these programs to teen pregnancy arises from the belief that the best contraceptive is a bright future.

State and local governments took an increasingly active role in tackling the problem of teen pregnancy during this time. These initiatives came, in the form of sex education, statutory rape laws, and the sponsoring of media campaigns. These campaigns carried clear and catchy messages promoting teen pregnancy prevention. Media

campaign slogans have included such messages as You can go farther when you do not go all the way and You play, you pay (North Carolina, Maryland); A child is too important to leave to chance and Don't kid yourself (Montana); and It's okay, even cool, to say no to sex (New York).

A major attempt to reduce teen pregnancy was brought about in 1996 when the National Campaign to Prevent Teen Pregnancy was founded. The Campaign's mission is to prevent teen pregnancy by supporting values and stimulating actions that are consistent with a pregnancy-free adolescence. Its goal is to reduce the teen pregnancy rate by one-third by the year 2005. The National Campaign works through five task forces to stress their five primary components: (a) to take a strong stand against teen pregnancy and attract new and powerful voices to this issue; (b) enlist the help of the media; (c) support and stimulate state and local action; (d) lead a national discussion about the role of religion, culture, and public values in an effort to build common ground; and (e) make sure that everyone's efforts are based on the best facts and research available (NCPTP, 1997).

The Campaign's goals have helped the 1990's stress the importance of anticipatory guidance. This organization views sexuality education and educators as critical to the ability of teens to make informed choices (Hobbie, 1993; Emihovich & Fromme, 1998). The 90's have also experienced support from diverse groups that want young men to get the message about their responsibility associated with childbearing and fatherhood (Males & Chew, 1998; Shirk & Alexander, 1998). Additionally, the incorporation of positive adult role models for teens has been emphasized (Caldas, 1994; Emihovich & Fromme, 1998; Hobbie, 1993; Males, 1998).

The new approaches to teen pregnancy prevention in the 1990's represented good intentions. However, political implications surrounding sex education have prevented schools from fully implementing effective components. For example, most schools do not allow teens to openly discuss viewpoints that may go against conventional standards of society (Emihovich & Fromme, 1998). This misrepresented what many parents preferred. In a recent study conducted by SIECUS, parents expressed support for more broadly focused sex education that included both abstinence and contraception information. Fine (1992) stated:

“Silencing within public schools of conversations about sexuality, contraception, and abortion, as well the absence of a discourse of desire - in the form of comprehensive sex education, school-based health clinics, and viable life options via vocational training and placement - all combine to exacerbate the vulnerability of young women whom schools, and the critics of sex education and school-based health clinics, claim to protect.”

While there have been numerous school-related attempts to reduce teen pregnancy only a few programs have proven to be effective and may reduce the number of unwanted teen pregnancies.

PERSONAL PERSPECTIVE - THE HUMAN TOUCH

No matter how much support we give young people to say *no* many will still become sexually active. Therefore, teaching teens about contraception is the next best thing to teaching abstinence. I am among those who believe that sexually active teens should have access to contraception so that they will be protected from pregnancy and disease. Based on recent research, as well as three decades of working with teens, the following observation has been made:

I believe age appropriate sex education programs can be effective in delaying first intercourse. I also believe these programs can increase sexually active teens' use of protection against unwanted pregnancies and HIV/STDs. Finally, I believe that all efforts whether they include contraceptive information or not, can be more effective when teachers respect students' individuality and interact in ways that make them feel unique and special. To emphasize this point, I have enclosed a letter recently received by a veteran teacher:

Dear Educator,

"I was one of those students you thought was beyond reach. The kind of kid that makes you doubt yourself as a teacher. My parents didn't seem to care very much. Consequently, neither did I. I was a bright kid who just wouldn't work, took unnecessary risks, and was a constant source of disruption. But *I was* reached, touched by caring teachers who probably never knew. When I grew up I realized what I had been given in spite of myself

I want you to know that what you do is important and special. You touch children much deeper than you will ever see and you send ripples of love and knowledge that go on forever. And in that way, you are immortal ... I thank you for that."

A 'Tough case' adolescent wrote those words thirty years after her middle school experience. Her letter is proof that holding humanity together takes people who can never fully know the good that they have done. People like you ... America's teachers.

Joann Yatvin, author of "Catchers in the Rye," believes that preserving humanity requires saving young people; from others and perhaps themselves. I agree. But how? Yatvin suggests you start by getting to know each child *as an individual*. She calls this

the "human touch" and suggests you pull these youngsters out of the muck and set them on solid ground ... one at a time.

Does this sound too simplistic? Overwhelming? It reminds me of the story about the child who came upon a shoreline littered with beached, dying starfish.. He started throwing them back into the sea, but a passer-by told him he was wasting his time. There were too many stranded fish for him to save. The boy wasted no time in picking up another starfish, throwing it into the ocean, and saying "But, I can save this one."

There are two ways to save young people ... give them knowledge and give them hope. In reference to teen pregnancy, age appropriate sex education can do both. It can offer young people a chance to develop a sense of social responsibility and a personal investment in the well-being of others. More importantly, it can help students understand That what they value matters and that acquiring virtues such as self-discipline, integrity, and empathy, lends meaning and richness to their lives. Our approach, as teachers, should always be developmental, understanding that the different techniques, thought processes, and subject matter become appropriate as students grow physically, mentally, socially, and morally.

Whether you teach elementary, middle, or high school, the message is the same: holding humanity together takes people like you. People who pull children out of the muck ... one at a time. Never forget that all children have a claim on the American dream and they need *you* to believe in them. For all the interns, first year teachers, and veteran educators who at one time or another doubted their effectiveness, remember Helen Keller's thoughts: "I am only one, but still I am one. I cannot do everything, but still I can do something. I will not refuse to do *the something* I know I can do."

If you save one child, two, or two hundred from an unwanted pregnancy or disease,
in many ways you are saving mankind. And, *if not you, then who?*

CHAPTER VIII: FINDINGS

INTRODUCTION

The purpose of this study was to identify school-related programs that have been successful in reducing teen pregnancy. Published reports relating to teen pregnancy prevention programs were reviewed over a fifty year period. From 1950-1980, the few studies that attempted to assess the impact of teen pregnancy prevention programs failed either to measure or to find sustained long-term impact on behavior. These programs had no strong methodological data. Therefore, nothing can be said about their effectiveness or lack thereof.

OVERVIEW

A number of programs were identified beginning in the 80's and 90's that were school-related and presented some evaluation data. Programs in the 1980's that were evaluated during that decade have only subjective data. The 80's programs appeared to validate themselves primarily by their description appearing in professional periodic literature. No reliable quantitative data could be found to attest to effectiveness of these programs during the 1980's. Buie (1987), Levine (1987), and Barron (1988) agreed that sex-education courses in many high schools were neither timely nor adequate. Conversely, school-based health clinics that were believed to be effective in improving student's health, impacting sexual behavior and preventing pregnancy had limited research to support these claims (Dryfoos, 1985; Levine, 1987).

In the 1990's, programs that began in the 80's and newer programs from the decade of the 90's began to be evaluated using valid and careful research methods.

Principally, those methods involved state reports on teen pregnancy rates. The data was obtained through surveys within the schools that had implemented new programs. The principal focus behind the evaluation of these programs was the National Council for the Prevention of Teen Pregnancy. This Council became a clearinghouse for information about effective programs. A typology of pregnancy prevention programs are provided in Table 7.

Table 7. Typology of Teen Pregnancy Prevention Programs

I. Curriculum-based Sexuality Education
(1) Abstinence – Only
(2) Sexuality and HIV (Abstinence – Plus)
II. Sex and HIV Education for Parents and Their Families
III. Clinic or School-based
*Emphasizes reproductive health care and improves access to condoms and other contraceptives
(1) Family Planning Clinics and Services
(2) School-based and School-linked
(3) Protocols for clinic appointments and supportive activities
(4) School condom availability
(5) Other clinic characteristics
IV. Community-wide Pregnancy or HIV Prevention with Multiple Components
V. Early Childhood Programs
VI. Youth Development
(1) Service Learning Projects
(2) Vocational Education and Employment
VII. Multi-Component Programs with both Sexuality and Youth Development Activities

Source: Kirby, D., *Emerging Answers*, National Campaign to Prevent Teen Pregnancy, 2001

In reference to effective school-related programs, these fall under Curriculum-based, sexuality and HIV types, i.e., of these programs are abstinence plus. The evaluation of these programs are listed below. Conversely, school settings, grade levels, and their relationship to teen pregnancy programs are provided in Table 8.

Table 8. Teen Pregnancy Prevention Programs: Relationship to Schools

School-Related Programs		Non School-Related Programs
Abstinence-Only (Middle Schools)		Sex and HIV/AIDS Education for Parents and their Families (Residential Settings and Girls Clubs)
Abstinence-Plus (Sexuality and HIV/AIDS) (Middle and High Schools)		Sex and HIV/AIDS Education (at Managed Care Clinics, STD Clinics, and Hospital-Based Clinics)
HIV/AIDS Education (High Schools)		Vocational Education and Employment (Residential Settings and Job Corp Sites)
School-Based and School-Linked (on campus) (near campus) (Primarily High School Settings)		
Condom-Availability (High Schools)		
Early Childhood (Pre-School and Elementary Schools)		
Service Learning (Middle and High Schools)		
Community-Wide Pregnancy or HIV Prevention Initiatives with Multiple Components (Age-appropriate Sex Education in K-12 Classrooms)	Multiple Settings ↔	Door to Door Street Corner Canvassing, Health Care Clinics, Family Planning Clinics, Businesses, Churches, and Residential Settings
Youth Development (Elementary Schools)	Multiple Settings ↔	Health Departments, Social Service Agencies
Multi-Component Programs with Both Sexuality and Youth Development Components (Middle and High Schools)	Multiple Settings ↔	Health Departments, Family-Planning Clinics

Three abstinence-plus programs, were found to be effective in reducing teens sexual risk-taking behaviors. These programs presented strong evidence that they positively changed behavior and are listed as follows:

Reducing the Risk (Barth, 1996) is a 16-session curriculum for preventing pregnancy and STDs/HIV. Its central message is that youth should avoid unprotected sex. Abstinence is the safest approach, but if young people have sex, they should always use condoms or other forms of contraception. The curriculum from *Reducing the Risk* has been taught and evaluated independently in different parts of the country and found to either delay the onset of intercourse, increase the use of condoms or other contraception, or reduce the frequency of unprotected sex for 18 months (Hubbard, Geise & Rainey, 1998; Kirby, Barth, Leland & Fetro, 1991)

Safer Choices is a 20-session curriculum designed for two successive years (Coyle & Fetro, 1998; Fetro, Barth & Coyle, 1998). It emphasized that abstinence is the safest method for avoiding pregnancy and STDs/HIV and that the use of condoms is safer than unprotected sex. Research data from the schools in two states where the curriculum was implemented show that the program both increased condom use and reduced unprotected sex over a 31-month period.

Finally, *Be Proud Be Responsible* (Jemmott, Jemmott & McCaffree, 1994), was a program designed for higher-risk youth. Both emphasize abstinence and condom use, and studies show that both have succeeded in delaying the onset of intercourse, decreasing the frequency of sex, increasing condom use, or decreasing the frequency of unprotected sex over 12-month periods (Jemmott, Jemmott & Fong, 1998; St. Lawrence, Jefferson, Alleyne & Brasfield, 1995).

These school-related programs were judged to have certain characteristics. These characteristics are provided in Table 9.

Table 9. Characteristics of Effective School-Related Teen Pregnancy Prevention Programs

1. Effective programs focused on reducing one or more sexual behaviors that lead to unintended pregnancy or HIV/STD infection.
2. Effective programs were based on theoretical approaches that have been demonstrated to be effective in influencing other health-related risky behaviors.
3. Effective programs gave a clear message about sexual activity and condom or contraceptive use and continually reinforced that message.
4. Effective programs provided basic, accurate information about the risks of teen sexual activity and about methods of avoiding intercourse or using protection against pregnancy or STD's.
5. Effective programs included activities that address social pressures that influence sexual behavior.
6. Effective programs provided modeling of and practice with communication, negotiation, and refusal skills.
7. Effective programs employed a variety of teaching methods designed to involve the participants and have them personalize the information.
8. Effective programs incorporated behavioral goals, teaching methods, and materials that were appropriate to the age, sexual experience, and culture of the students.
9. Effective programs lasted a sufficient length of time to complete important activities adequately.
10. Effective programs selected teachers or peer leaders who believed in implementing and then provided them with training.

Source: Kirby, D., *Emerging Answers*, National Campaign to Prevent Teen Pregnancy, 2001.

The ten characteristics of effective programs are evidenced in the following summaries of the research findings.

Reducing the Risk: - Building Skills to Prevent Pregnancy, HIV and STD includes 16 lessons for 9th and 10th graders which emphasize teaching refusal statements and

alternative actions students can use to abstain from sex or protect themselves if they are sexually active. Directions for pre-course preparation are included. For example, obtaining parent permission and establishing ground rules. Specific guidelines for class activities, background information for teachers, and lecture notes are also included.

Reducing the Risk provides youth with the following:

1. Information about teen pregnancy, HIV, abstinence, birth control and the risks and consequences of teen pregnancy and HIV/STD.
2. Opportunities to personalize information by having youth identify their own vulnerability to pregnancy and HIV, examining the impact of pregnancy and HIV on their own lives and identifying their personal values regarding abstaining or using birth control.
3. Opportunities to recognize social pressures and anticipate risky situations by having youth examine common lines used to pressure for sex and teaching youth how to anticipate and prepare for situations in which unwanted or unprotected sex may occur.
4. Norms for abstinence or protected sex are reinforced in each of the 16 classes through the information presented and through all the skill instruction and practice.
5. Opportunities to learn and practice skills including refusal skills, delaying skills and protection skills are also provided.

The classes in *Reducing the Risk* are designed for 45-minute periods and emphasize teaching refusals, delaying tactics, and alternative actions students can use to abstain or use protection. For greatest impact, students are asked to role play so they will become more comfortable with saying no to sex or to plan to use contraception.

At the completion of the programs, students are able to:

1. Evaluate the risks and consequences of becoming a teen parent or becoming infected with FHV or another STD.
2. Recognize that abstaining from sexual activity or using contraception are the only ways to avoid pregnancy, HIV infection and other STDs.
3. Conclude that factual information about conception and protection is essential for avoiding pregnancy, HIV infection and other STDs.
4. Demonstrate effective communication skills for remaining abstinent and for avoiding unprotected sexual intercourse.

Reducing the Risk- Building Skills to Prevent Pregnancy, STD, and HIV presents an active approach to the prevention of teen pregnancy and protection against HIV and other STDs. This school-related pregnancy prevention program can-motivate teens to change their high-risk behaviors.

2. Have more positive attitudes about choosing not to have sex or using condoms if having sex.
 3. Have greater confidence in their ability to refuse sexual intercourse or unprotected intercourse, use a condom, and communicate about safer sexual practices.
 4. Perceive fewer barriers to condom use.
 5. Have more accurate perceptions of their risk for HIV and other STDs.
 6. Communicate more with their parents regarding sexual issues.
 7. Able to use refusal and negotiation skills in sexual situations.
 8. Reduce sexual risk behaviors (by choosing not to have sexual intercourse or by increasing condom use and use of other methods of protection if having sex).
- Kirby (2001) states that the uniqueness of Safer Choices' multiple, component intervention is its

focus on school-wide change and the influence of the total school environment on student behavior. By involving teachers, parents, community members, and especially students, the program is designed to have a positive influence on adolescents' decisions regarding sex and help them feel supported in making the safest choices.

Safer Choices is a two-year, school-based HIV and other STD pregnancy prevention program for high school students. It consists of five primary components: school organization, curriculum and staff development, peer resources and school environment, parent education, and school/community linkages. This program is based on social cognitive theory, social influence theory, and models of school change.

The Safer Choices intervention provides youth with the following: 1. Information about teen pregnancy, HIV, abstinence, birth control and the risks and consequences of teen pregnancy and HIV/STDs.

2. Opportunities to personalize information by having youth identify their own vulnerability to pregnancy, STD and HIV, examining the impact of pregnancy, STD and HIV on their own lives, and identifying their personal values regarding abstaining or using protection.
3. Opportunities to recognize social pressures and anticipate risky situations by having youth examine common lines used to pressure for sex and teaching youth how to anticipate and prepare for situations in which unwanted or unprotected sex may occur.
4. Reinforcement of norms for abstinence or protected sex in each of the classes through the information presented and through the skill instruction and practice.
5. Opportunities to **learn** and practice skills such as refusal and protection skills.

In Safer Choices, models of school change are addressed through the use of the school health promotion council and other school-wide strategies; e.g., peer resources and school environment component and staff development component. At the completion of the program, students will:

1. Increase their knowledge about HIV and other STDs.

Be Proud! Be Responsible! Is a six-part curriculum with 50-minute sessions, which can be presented over one to six days. This program was designed to be used with small groups ranging from 6 to 12 participants, but it has been implemented in recent years in settings with larger numbers of youth. The curriculum can be implemented in various community settings, including schools or youth-serving agencies. Three types of outcome expectancies or behavioral beliefs are emphasized in this program:

1. Prevention Belief - the belief that behaving in a specific manner will prevent a negative outcome. An example of such an outcome expectancy is the belief that the effective use of condoms can reduce the risk of pregnancy and sexually transmitted HIV infection. For example, one entire session of the curriculum emphasizes condom building skills.
2. Hedonistic Beliefs - Such beliefs are influenced by personal satisfaction and gratification. People engage in sexual activities for a variety of reasons, including sexual enjoyment. Hedonistic considerations may influence key outcome expectancies during sexual experiences. For example, many people believe that condoms reduce physical sensations during sexual activity or ruin the mood and, therefore, are less likely to use condoms during sexual intercourse. For example, the curriculum has youth identify ways to make condoms fun and pleasurable.

3. Partner-Reaction Belief - the belief influencing outcome expectancies in which an *individual's perception* of his or her partner's attitudes about engaging in particular safer sex practices. For example the belief that one's sexual partner will react negatively to the use of condoms may prevent a person from suggesting condom use during sexual intercourse. For example, in one session of the curriculum, youth learn how to use negotiation and refusal skills to communicate with their partners about abstinence or condom use.

After completing *Be Proud! Be Responsible* youth will:

1. Increase their knowledge about HIV, AIDS, and other STDs.
2. Believe in the value of safer sex, including abstinence.
3. Have confidence in their ability to negotiate safer sex and to use condoms correctly.
4. Be able to use condoms and negotiate sexual situations.
5. Intend to practice safer sex.
6. Reduce sexual risk behaviors.
7. Take pride in and responsibility for choosing responsible sexual -behaviors.

Kirby (2001) states that a unique feature of this curriculum is its strong inner-city and sense-of-community approach. It emphasizes how HIV infection and AIDS have affected inner-city communities and discusses the importance of protecting the community as a motive to change individual risky behaviors. This theme is different from traditional prevention curricula that focus on individuals' knowledge, attitudes, and risk behaviors. *Be Proud! Be Responsible!* recently renamed *Making a Difference*, focuses on participants' needs to adopt responsible and safer sexual behaviors to prevent

the, sexual transmission of IHV, not only for the sake of themselves, but for the sake of their families, sexual partners, children, and communities.

CONCLUSIONS

1. During the 1950's and 1960's unwed pregnancy was generally hidden, choices for women were often limited to hasty marriages or banishment to boarding homes or distant relatives and subsequently the child was given up for adoption.

2. During the 1970's, 1980's, and 1990's unwed teen pregnancy became visible and gradually more accepted by mainstream society.

3. Over the span of the five decades, the literature identified the pregnant teen as often the visible target for those wanting to place blame or to fix the problem.

4. By contrast, the discussion of teen fathers through the decades was less visible in the literature. Authors in the 1960's, 1970's, and 1980's studied teen fathers personal and developmental needs for support. The trend over time, however, was to consider how to hold teen fathers legally and financially accountable for the children fathered.

5. Family and social environments were important in the rise and fall of teen pregnancy rates. For example, the AIDS scare in the 1980's had some impact on teen pregnancy.

6. The impact of teenage pregnancy and parenthood on the nation's economy and well being was a recurring theme throughout the five decades, especially the impact of welfare expenditures. This culminated with the 1996 passage of federal welfare reform legislation.

7. From the 1950's through the 1990's, the media exploited the value of sex and sexual behavior, which often sent mixed messages to youth because these same youth, simultaneously heard from home, church, and school that premarital sex was wrong.

8. Policies on sex education and attendance of pregnant teens reflected the values and beliefs of the communities they served as well as legal changes. The education system often reacted to external demands such as funding sources and public pressure. School systems were less proactive in seeking to prevent teen pregnancy and in creating ways to cope with its outcomes.

9. Policy development, for the most part, was not representative of the majority opinion on how best to teach sex education.

10. There was no valid research on school-related teen pregnancy prevention programs before the 1990's. By the end of the 90's, all indicators and research efforts showed that school-related programs to prevent teen pregnancy were becoming more effective.

11. Some school-related teen pregnancy prevention programs appeared to be effective for that time and for those involved.

* As we move into the twenty-first century, the problem of teen pregnancy has not abated.

* With the AIDS scare at an end, teen participation in sexual activities will, in all probability, increase and will continue to occur and be more prevalent at earlier ages.

* Based on information gathered from this study, school-related programs need to become more central to middle and elementary schools.

RECOMMENDATIONS

Recommendations which appeared to be justified on the basis of this study were as follows:

1. The trend of the 60's, 70's, and 80's for male accountability in teen pregnancies was primarily nonexistent. The trend in the 90's, however, was to hold teen fathers legally and financially accountable for the children fathered. Therefore, there is a need for programs that target young men.. Males need to know that they, as well as females, are accountable for their actions.
2. Most of the evaluation of programs in the 90's indicated that the more successful ones did not concentrate on a single motivator. Based on this research, it appears that there is a need for programs to give greater attention to the broad array of risk factors that reduce motivation to avoid pregnancy.
3. Sexual awareness and sexual desire are givens in the teen years and no program, regardless of how good it is, will overcome both the natural urges of adolescents and the motivation to satisfy those urges, especially when today's teens ingest huge amounts of perceived sexual satisfaction from the media. My research in this study and my personal experience convince me that there is one aspect teens can use to counteract temptations. This action involves a deep and abiding sense of personal responsibilities. Therefore, I believe this study argues for teaching responsibility in the area of sexuality and in making good choices. Such programs need to be provided before middle school, remain comprehensive, and be highly accountable.
4. No single component has been able to reduce teen pregnancy. Therefore, there is a need for programs to combine several effective components such as values about

abstinence and attitudes about contraceptive use as well as components like poverty, lack of opportunity, family disorganization, peer behaviors, attachment to school, and substance abuse.

5. This study has identified several programs that have had a good track record.

Therefore, there is a need for schools to replicate much more broadly and with fidelity those programs with the greatest evidence for success.

6. Schools need to focus more broadly on programs that have incorporated characteristics of effective programs. These broad programs emphasize comprehensive sexuality education as well as public response to these programs. Public opinions are provided in Appendix A which includes views from school districts, teachers, and the public as a whole.

7. One factor that comes up repeatedly in examining early pregnancy is sexual risk taking. Therefore, there is a need for schools to design and implement programs that effectively address the important antecedents of sexual risk taking.

8. Understanding one's sexuality is a lifelong process. Therefore, schools need guidelines for sex education discussions for grades K-12. Age appropriate concepts are provided in Appendix B.

9. Program developers need to rigorously evaluate promising approaches.

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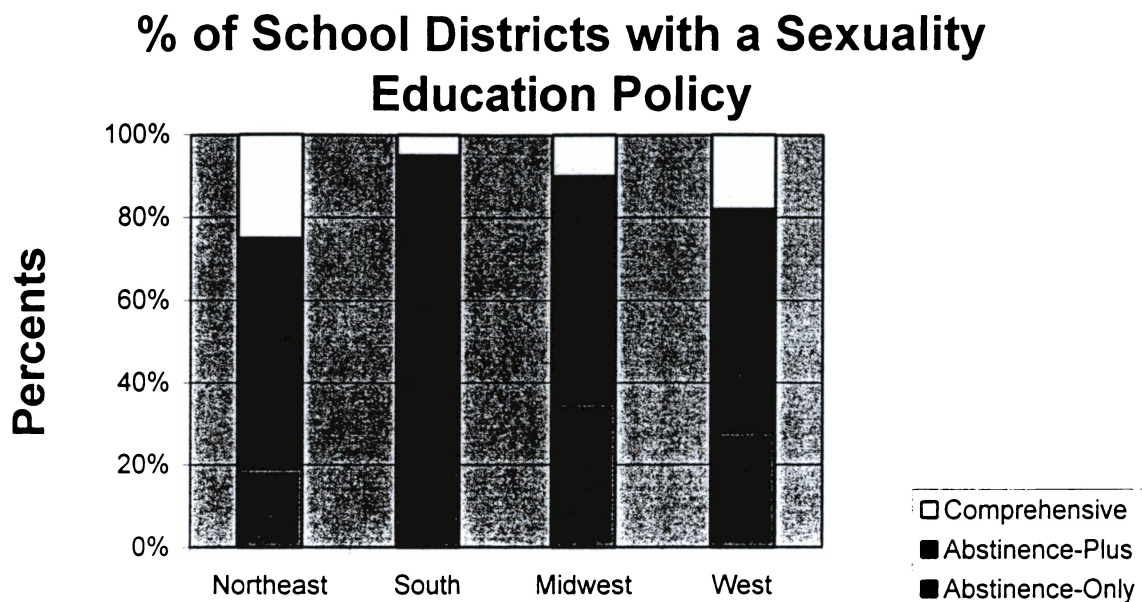
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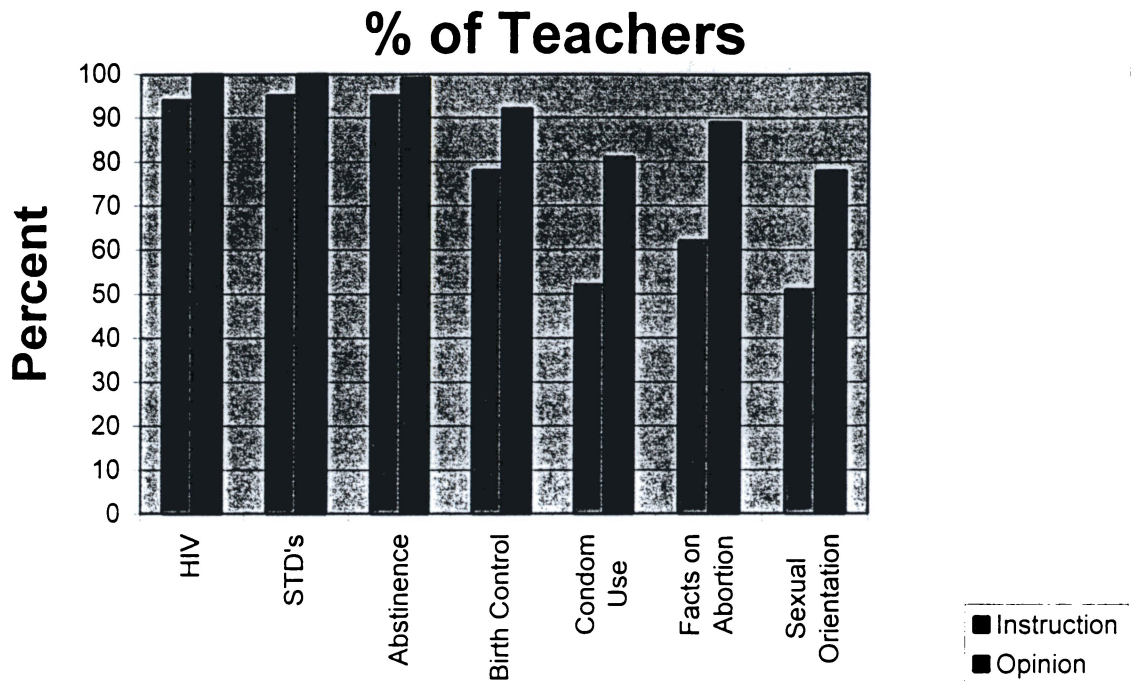
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APPENDICES

APPENDIX A



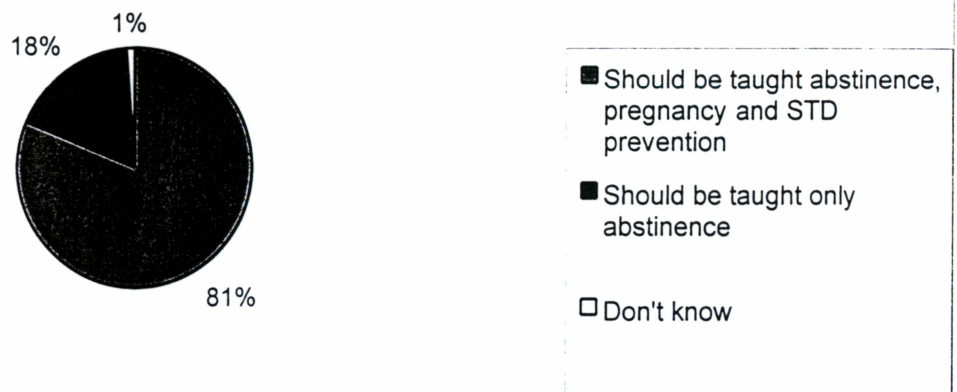
Source: Landy DJ, Kaeser L, and Richards CL, "Abstinence Promotion and the Provision of Information about Contraception in Public School District Sexuality Education Policies." *Family Planning Perspectives*, 1999, 31(6): 280-286.



Source: Darroch JE, Landry DJ and Singh S, Changing emphasis in sexuality education in U.S. public secondary schools, 1988-1999, *Family Planning Perspectives*, 2000, 32(5): 204-211 and 265.

Public Opinion

Americans overwhelmingly favor broader sexuality education programs over those that discuss only abstinence.



Source: The Henry J. Kaiser Family Foundation/ABC Television, Sex in the 90s: 1998
National Survey of Americans on Sex and Sexual Health, Sept. 1998.

APPENDIX B

APPENDIX B

Age--Appropriate-Sexuality Education

For children to make healthy and helpful choices regarding sexuality throughout their lives they must be encouraged to take good care of their bodies, ask parents and other trusted adults for information, and respect themselves and other people. Children must also be encouraged to make their own choices from the youngest ages. Parents, teachers, and other caregivers can help teach children how to make responsible choices by offering alternatives whenever possible.

Understanding one's sexuality is a lifelong process. Fortunately, there are guidelines to help educators and parents decide when a discussion of a given subject is age-appropriate. Listed below are concepts about sexuality and reproduction that children should learn at different ages and sexuality information that they should understand by adolescence.

Elementary School Children (Ages 6-9) Should:

- Begin a study of growth and reproduction in animals and plants - be aware of their needs and the responsibility of caring for them.
- Be aware that all creatures reproduce themselves.
- Have an awareness of the life cycle and sexuality at all ages, including those of parents and grandparents.
- Have and use an acceptable vocabulary for communication about body parts, their own and those of the opposite sex.

- Have a grasp of different types of caring home backgrounds, so that no single type is seen as the only possible one.
- Be aware that sexual identity includes sexual orientation: lesbian, gay, straight, or bisexual.
- Be able to identify family members' roles and responsibilities.
- Begin to be aware of non-stereotyped gender roles, and to operate within them.
- Become familiar with the health care system, so as to view it as non-frightening and supportive of their health and well-being.
- Understand the basic facts about AIDS.
- Take an active role in managing their body's health and safety.
- Be able to enumerate ways to develop, maintain, and end friendships.

The changes they can expect in their bodies before puberty (ages 9-11), including:

- range of times at which normal developmental changes begin, including normal differences in male and female timing of these events
- the general stage of the body's growth
- menstruation and wet dreams
- the fact that emotional changes are to be expected during this time

Recognition of the ways in which behavior can be interpreted as sexual, and how to deal with such interpretation (by 12-13), including:

- recognition that masturbation is very common, and reassurance that it is normal to masturbate - but only in private.
- recognition and protection against potential sexual abuse and how to react to such dangers

- recognition of male and female prostitution and its dangers
- how to be a good friend and how to end a relationship without anger.
- the purposes and considerations of dating. An awareness of potential for damage in exploitive relationships.
- What are or should be appropriate roles for young women and men, an awareness of the differences between biological gender and socially-assigned gender roles.
- Sexually transmitted infections:
 - how transmitted
 - how prevented
 - how treated
- Knowledge of diverse family structures, of the relationships among family members, and how families fit into society.

Nine to Thirteen- Year Olds (in addition to developing earlier skills) Should be Informed about:

Human Reproduction, including:

- an understanding of human sexuality as a natural part of life (by 12-13)
- the legitimacy and normalcy of sexual feelings
- the idea that sex is pleasurable as well as the way to make babies – the realization that sexual acts can be separated from reproductive acts
- the biological components of the reproductive cycle including the probability of pregnancy with unprotected vaginal intercourse
- what abortion is

- how male and female bodies grow and differ Contraception, including the knowledge that:
- no one has to become a parent
- it is possible to plan parenthood
- having a child is a long-term responsibility, and every child deserves mature, responsible, loving parents
- contraceptives exist (should be able to name some and how to obtain them)

Human sexuality, including:

- recognition of the impact of media presentations that depict sexual involvement
- the understanding of differences in sexual behavior, including heterosexuality, homosexuality, celibacy, marriage
- an articulated value system about interpersonal relation, including sexual
- behavior
- contraceptive alternatives
- sexually transmitted infection - causes/cures

Social pressure, including:

- a demonstrated awareness of the potentially harmful consequences of sexual relationships
- an understanding of the right not to have sexual relations personal relationships, including:
- the ability to have and maintain friends
- the ability to identify expectations of marriage, e.g., emotional support, companionship, child rearing, etc.

- information on changing relationships in families over time
- an awareness of the mixture of independence and responsibility needed at their age

Education about parenthood, including:

- the ability to demonstrate knowledge of the stages of gestation
- knowledge of the basics of child care and child development 'including sexual development
- knowledge of the responsibilities of parenthood ability to discuss how they believe children should be raised .

Sexuality Information Needed by Adolescents

Sex-Related Activities

- human sexuality as an aspect of one's total personality
- emotional and social needs and changes during adolescence
- understanding the positive roles of sexuality in one's life

Values

- the adolescent's experiences, attitudes, and feelings about sexual activity
- understanding the challenges of adolescent marriage and pregnancy
- clarity of one's own values and emotional needs

Pressure

- how to avoid unwanted sexual experiences
- greater understanding of sexual exploitation among adolescents
- ability to assert oneself when refusing to participate in sexual activities, or when insisting on the use of birth control

Birth Control

- understanding the probability of becoming or making someone pregnant as a result of unprotected intercourse
- advantages, disadvantages, and effective use of contraceptive methods
- the facts and fallacies about methods
- comfort in asking about and asking for contraception
- understanding where to obtain contraception

Skills

- decision-making and problem-solving techniques
- understanding one's own responsibility for one's behavior
- increased self-esteem
- communication skills, including being able to talk with one's actual or potential partner about sexual behavior

Source: This curricula is provided by Planned Parenthood, 2002.

VITA

Linda Ingram Shoemaker was born in Knoxville, Tennessee on October 23, 1948. She graduated from Central High School in May, 1966. In May of 1972, she received a Bachelor of Science degree in Elementary Education from the University of Tennessee, Knoxville. She received her Master of Science degree in Special Education from the University of Tennessee, Knoxville in May, 1974 after having taught in an elementary school for two years.

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